Evaluation of the
National Vocational
Rehabilitation Project

A Working Report for the
CPP Disability Evaluation

Evaluation and Data Development
Strategic Policy
Human Resources Development Canada

October 1996

SP-AH029E-10-96

Table of Content

- Acknowledgements
- Executive Summary
- 1.0 Introduction
- 2.0 Contextual Notes
- 3.0 NVRP Performance
- 4.0 NVRP Impacts
- 5.0 Implications
- 6.0 Conclusion
- Appendix A - Evaluation Questions
- Appendix B - Survey technical notes
- Appendix C - Survey Questionnaire and File Review Form
- Appendix D - Responses to Open-Ended Questions
- Appendix E - Bibliography
- Appendix F - Acronyms and Definitions

Acknowledgements

This evaluation study of the National Vocational Rehabilitation Project (NVRP) was conducted by SPR Associates and advised by a Committee of federal officials with representation from the Canada Pension Plan, including the National Vocational Rehabilitation Project.

The Evaluation and Data Development (EDD) officers responsible for this study would like to thank all of those who contributed to the study, in particular, members of the Committee (Nancy Lawand, Joan Johnson, Valerie Graham and Louise Bouchard) and officials within the National Vocational Rehabilitation Project who provided technical assistance essential to the conduct of the study (Pat Hall

and others).

EDD would also like to thank those who graciously took the time to share information regarding the field of vocational rehabilitation, NVRP or experiences with NVRP. This would include officials within CPP, NVRP case managers, NVRP consultants, CPPD beneficiaries, organizations involved in the delivery of vocational rehabilitation services, and selected other officials within HRDC who have responsibilities for addressing issues regarding persons with disabilities, or employment.

TABLE OF CONTENTS

Executive Summary

1.0 Background

In 1990, a pilot rehabilitation project was authorized by the Canada Pension Plan administration to examine the feasibility of operating a permanent rehabilitation function as part of the Canada Pension Plan Disability (CPPD) program. This pilot project was later expanded into the National Vocational Rehabilitation Project (NVRP).

In 1995-96, an evaluation of CPPD was conducted, examining broad issues of rationale, effectiveness and alternatives for CPPD. That evaluation noted a number of indications that there is significant potential for a rehabilitation program among CPPD beneficiaries, as suggested by client surveys and related analyses. One conclusion of the CPPD interim evaluation report was that an evaluation of the NVRP should be conducted with a view to examining the potential for making permanent and expanding the rehabilitation function within CPPD, and determining what lessons might be drawn from the NVRP.[1]

This document reports on the resulting evaluation of the NVRP which was conducted in Summer, 1996. The evaluation, conducted by SPR Associates under contract to HRDC, reviews the experience of the NVRP and provides important considerations for future policy and program planning. The NVRP evaluation is based on four main data collection activities: (i) a survey of NVRP clients, which attained a 70% response rate; (ii) interviews with key stakeholders; (iii) a review of administrative data and literature; and (iv) two focus groups with HRDC staff and representatives of other organizations involved in the rehabilitation field. Relevant lines of evidence from the CPPD evaluation are also reviewed as part of this study.

2.0 Rationale for a Rehabilitation Function

The NVRP evaluation supports the rationale for a permanent rehabilitation function as part of the CPPD. Grounds are that: (i) significant cost-savings are possible, even with the rehabilitation of a small portion of CPPD beneficiaries; (ii) rehabilitation is an effective caseload management mechanism used by most other providers of disability insurance; (iii) several lines of evidence suggest that providing rehabilitation services could significantly increase the proportion of CPPD beneficiaries who successfully return to the workforce; (iv) CPP regulations support the use of reasonable rehabilitation measures to help CPPD beneficiaries regain the capacity to sustain regular employment;

and (v) rehabilitation serves social development goals of individuals (employment, self-sufficiency, higher incomes, self-development), goals supported by disability advocacy groups,[2] and government policy (e.g. Canada's National Strategy for the Integration of Persons with Disabilities).

3.0 The CPPD Context

The NVRP experience must be viewed in relation to the broader context of CPPD, which creates many constraints to the successful operation of a vocational rehabilitation function. Among these constraints is the general perception that CPPD benefits are an entitlement for life. As well, CPPD operations (e.g. information gathering mechanism, adjudication processes, communications) historically have not been oriented towards rehabilitation principles or designed to support a rehabilitation function and facilitate principles of early intervention.

Implications: In this context, a permanent rehabilitation function as part of the CPPD would need to be accompanied by a number of changes designed to enshrine a "rehabilitation mission" as part of the CPPD operations. This would include communications to facilitate the rehabilitation processes by informing beneficiaries of the rehabilitation goals of the CPPD beginning at the time of their initial application for CPPD benefits.

4.0 A Continuing Rehabilitation Function

The NVRP has been successful in demonstrating the practicality, as well as the financial and human benefits, of a permanent rehabilitation function as part of the CPPD. The evidence suggests that the project is successful in returning a significant number of CPPD beneficiaries to regular employment. To date, the proportion of NVRP clients who successfully completed their rehabilitation plan was about 42 percent, while about 60 percent of successful project participants subsequently found employment. Multi-variate statistical analyses suggest that the NVRP is an important factor in rehabilitation and subsequent employment, and that, in contrast, only a very small proportion of beneficiaries leave CPPD for employment on their own (without NVRP).

As well, project data indicate that the total cost per client under the NVRP (including costs incurred for non-successful clients and administration) are recovered within two years of a successful completion of rehabilitation. These results indicate that continuing current rehabilitation efforts as part of the CPPD would be desirable. However, the evaluation notes that there is a need for implementing better processes to track the long-term impacts of vocational rehabilitation as potential cost savings are linked to the continuing financial independence of NVRP participants.

There is also good evidence to indicate that there is significant potential to expand the CPPD rehabilitation function, although more empirical research is needed to provide a clearer basis for estimating a more exact extent of that potential. Evidence in support of such potential includes the fact that stakeholders who were interviewed as part of this evaluation believed that the full potential had not been reached by NVRP; that a Statistics Canada survey of CPPD beneficiaries indicated that 31% of respondents felt that they could potentially return to part-time or full-time work now or in the future and 24% expressed an interest in vocational rehabilitation; that the CPPD evaluation estimated that 10% of CPPD beneficiaries may be suitable for employment; that past CPPD estimates have been that 15-25% of beneficiaries aged 20-55 had a potential for rehabilitation; that statistical analyses of NVRP data suggest that many more CPPD beneficiaries could be successfully included in a

rehabilitation program; and that the concept of disability has evolved in recent years so that disability *per se* is not always seen as a complete barrier to employment.

According to project data, the successful rehabilitation of the 160 clients who completed their rehabilitation plan to date would yield cost-savings of $4.5 million after three years, $15 million after ten years and about $30 million by the time rehabilitated clients reached the age of 65, if they do not return to the disability rolls. These numbers represent the dollar value of benefits saved and do not include other forms of savings for CPP such as increased contributions. Also not included are other indirect financial impacts for the government such as increased income tax revenues, or reduced/ increased dependence on other income support programs, etc., or non-monetary social development benefits.

Implications: These results indicate that continuing rehabilitation efforts would be desirable for the CPPD, and there is potential for expansion of this function. There is also a need for implementing better processes to track longer-term impacts of vocational rehabilitation. Understanding longer-term impacts of rehabilitation is essential for effective program planning.

5.0 Client Selection Process

Several lines of evidence indicate that the potential market for vocational rehabilitation among CPPD beneficiaries could be considerably greater than is suggested by the NVRP experience. In this regard, changes in the client selection process could assist in identifying a larger pool of suitable candidates for rehabilitation.

The selection process is multi-staged. It begins with a referral to the NVRP either from one of CPPD's administrative units (Initials, Appeals, Reassessment) or through self-referrals of CPPD beneficiaries who learn about the project and wish to undergo an initial rehabilitation assessment. The CPPD file is then forwarded to the Rehabilitation Unit and a first review is conducted on the basis of the information contained in the client files.

The availability of relevant information in CPPD files is therefore a key element in the selection process. Currently, several limitations in the type of information available exist, and this may significantly limit the identification of suitable clients for rehabilitation and add to the cost of screening. Further screening is conducted through telephone interviews and external assessment of rehabilitation potential for a certain number of targetted files. Having relevant information on file would greatly assist the targetting of files and further telephone screening.

The current client selection process relies heavily on referrals from the initial adjudication of claims, at which time it appears that referrals are limited by the fact that many CPPD applicants are not medically stable at the time of their initial application. In some cases, medical stability can be achieved over time, and is an important element in vocational rehabilitation.

Unless a file is targetted for reassessment, or there is self or third party referral, there is currently no ongoing review of rehabilitation potential for candidates whose conditions may have stabilized. Also, it was generally recognized that claims adjudication and rehabilitation assessments had significantly different purposes and required different expertise. Weaknesses in the mechanism for identifying potential candidates after the initial adjudication of claims are such that potential participants may be missed.

Also, about 35 percent of respondents to the survey of NVRP clients indicated that they first heard about NVRP from a source other than NVRP staff. This suggests that about a third of NVRP clients were self-referrals, or third party referrals (e.g. Workers' Compensation Boards, Vocational Rehabilitation Services) providing evidence of the importance of this mechanism in identifying suitable candidates for vocational rehabilitation.

A more streamlined client selection process could reduce time demands on NVRP staff in their review of files, and reduce reported delays in processing files of identified clients. While most files are processed within three months of their receipt in the NVRP unit, about 26 percent take more than six months. It should be noted, however, that some of the longer processing delays reported above may be the result of some clients taking several months to return their consent form for rehabilitation, as was reported by NVRP staff. Nonetheless, this would still suggest that there are organizational constraints which hinder follow-up and the start of rehabilitation in a timely manner.

Implications: Improved screening processes can assist with early identification of potential clients for rehabilitation and assist in streamlining selection processes. Information gathering mechanisms could be improved in a number of ways, such as the use of a separate Vocational Profile Questionnaire to be completed by CPPD beneficiaries at the time of their initial application or, alternatively, modifications to the initial application form. There is also a need for follow-up processes to identify rehabilitation opportunities after the medical conditions of CPPD beneficiaries have stabilized. The evaluation also suggests that the development of an "expert" system to predict the rehabilitation potential of CPPD beneficiaries would be desirable.

6.0 Residual Capacity to Work among CPPD Beneficiaries

Although there is a constant decrease over time in the proportion of CPPD beneficiaries who report having a potential for returning to work, the proportion of individuals reporting a residual capacity to work after several years on CPPD is still fairly substantial. Thus, longer-term beneficiaries should also be targets for rehabilitation. This seems to provide further evidence for the need to establish more adequate mechanisms for ongoing reviews of rehabilitation potential, as discussed above.

Implications: Survey results also indicate that there can be good potential for rehabilitation for some CPPD beneficiaries, even after several years on benefits, as the medical condition stabilizes and adjustments to accommodate disabilities have been made.

7.0 Third Party Delivery System

The nature of the third party delivery system reduces the number of direct contacts between NVRP staff and its clientele. This feature implies the need for NVRP to ensure that rehabilitation consultants maintain adequate communication of project goals, policies, and rationale for decisions throughout the rehabilitation process. The experience of NVRP indicates that this element has often been overlooked. The evidence suggests that some clients do not fully understand the objectives of the NVRP (such as its focus on entry-level skills), and that some clients have unrealistic expectations about the goals of the project. The rationale for NVRP decisions was not always clear to some clients who may have received conflicting or confusing messages through the third party rehabilitation consultants. This led to some client dissatisfaction with NVRP and unmet expectations.

On the other hand, it is noted that flexibility in service delivery and the need for specialized professional resources supports the rationale for using third party contractors. However, project data indicate that the performance of outside contractors is highly varied, with several rehabilitation contractors being perceived by project staff as not delivering "value for money".

The issue raised by the evaluation, therefore, is to find the appropriate balance between contracting out and internal delivery of services. The current approach used by NVRP seems to have both strengths and weaknesses which may need to be reviewed in light of the regionalization of CPPD operations and future policy decisions on whether to integrate vocational rehabilitation as a permanent function within CPP.

Implications: In light of the noted concerns with the third party delivery system, there may be a case for an increased use of in-house case managers to deliver some of the services currently provided by outside contractors. A mixed system could be considered, where in-house case managers are supplemented by contract suppliers on an as-needed basis to ensure flexibility to adapt to changing caseloads.

8.0 Success Indicators

Correlates of successful rehabilitation were examined in this study through simple cross-tabulations of survey variables and tests of statistical significance, and multiple regression analyses. Overall, the following factors show some correlation with successful return to work: fewer activities limitations, fewer needs for assistance, higher levels of education, prior attempts to find work while on CPPD, non-receipt of the dependent child benefit and self-reported potential for rehabilitation. Somewhat surprisingly, longer periods on CPPD benefits are correlated with successful return to work. Finally, these survey results suggest that participation in the NVRP has a significant impact on subsequent employment, even when broad NVRP selection criteria are controlled for.

Evidence from the literature and stakeholder interviews is generally supportive of the client selection criteria, with research studies and numerous rehabilitation experts pointing to factors such as age, education, benefit levels and receipt of other benefits and (above all) motivation as "good" predictors of vocational rehabilitation.

9.0 Client Satisfaction

A majority of NVRP clients report that they are generally satisfied with the services offered by consultants (51 percent), while satisfaction towards the project as a whole was substantially lower (38 percent). Thus survey responses provide some indications of lower client satisfaction with the project as a whole.

A number of recurrent concerns expressed by survey respondents reflected an apparent lack of understanding of the project objectives or inadequate explanation of the range of services offered under the project. Numerous respondents to the client survey noted the lack of consideration given to career goals (consistent with the more entry-level skills objectives of the NVRP) or report having been promised services that were never delivered. These data point to the need to emphasize communications throughout the rehabilitation process.

Further evidence that many clients had unrealistic expectations about the project is provided by the

fact that ratings on helpfulness of NVRP were relatively low, while many participants indicated not having reached all their personal rehabilitation goals. The NVRP goal of providing entry-level skills may be inconsistent with the expectations associated with its voluntary nature, as numerous survey respondents perceived their enrollment in the project as an opportunity to make or support career changes or development. This is supported by the fact that educational courses were the type of services receiving the highest rating among NVRP participants.

Other data show that a majority of beneficiaries whose benefits were ceased as a result of their participation in the NVRP found employment. This, in itself, would tend to indicate that vocational rehabilitation was useful in returning people to work, considering the very low level of CPPD beneficiaries who return to work without assistance.

10.0 The Voluntary Aspect of the NVRP

In general, participation in NVRP is described as voluntary, to the extent that clients are advised that failure to participate will not result in the termination of benefits, although it may result in referral for reassessment of eligibility.

Evidence collected during the evaluation could not directly answer the question as to whether NVRP should be voluntary or mandatory. On the one hand, in support of the voluntary approach is the issue of motivation. Motivation was seen as the most important element in successful rehabilitation. Rehabilitation consultants noted that NVRP clients tended to be more motivated than their other clients, a fact which they linked to the voluntary aspect of the program. Survey results confirmed that a desire to return to the workforce is the strongest reason for participating in rehabilitation. On the other hand, in support of the mandatory aspect are the concepts of equity, avoidance of abuse, and an obligation to enforce regulations.

Implications: Generally, it may be more appropriate to focus on incentives, or minimizing disincentives, to participate in order to both foster a commitment on the part of participants and to encourage CPPD beneficiaries to undertake rehabilitation. Consideration could be given to contextualizing and communicating the CPPD rehabilitation mission and its objective of returning appropriate CPPD beneficiaries to work; providing rehabilitation measures which emphasize gradual disengagement from CPPD, where appropriate; gradual engagement with work; building on relationships with other service providers to address broader career goals of participants and develop stronger links to employment opportunities.

11.0 Integration with Other Employment and Disability Programs

The evaluation suggests that there is potential for greater complementarity between NVRP and other vocational rehabilitation service providers. More than half of survey respondents indicated that they were in receipt of co-benefits from other service providers (e.g.Workers' Compensation Boards, private long-term disability insurance). However, cost-sharing agreements were developed for only a small proportion of NVRP clients.

While the potential exists, there are currently constraints to complementary efforts. These were identified as a lack of harmonization between public and private disability insurance programs with differing eligibility criteria, definitions of disability and program goals; possible cost implications for other service providers where CPPD benefits are ceased; the need for confidentiality of CPPD

beneficiary files; differing or competing case management structures between providers; and an apparent lack of knowledge of NVRP on the part of other service providers.

In addition to the limited use of cost-sharing arrangements, it was found that there are currently constraints to using other public services which may offer services similar to those provided by NVRP (e.g. job counselling). Incompatible eligibility requirements limit access of CPPD beneficiaries to such programs.

Implications: These findings point to the need for significant changes in the way the NVRP relates to other rehabilitation programs. There is a need for increasing initiatives to co-ordinate CPPD rehabilitation efforts with other service deliverers and to negotiate partnership agreements with other service providers. These agreements would ideally define the parameters for sharing costs and case managing common clients.

Also, there appears to be a need for CPPD to negotiate better access for its beneficiaries to other employment or training programs. For example, better access to other HRDC or Provincial/Territorial programs targeted to unemployed Canadians, may facilitate the achievement of rehabilitation and employment goals, and create more incentives for participation.

12.0 Conclusion

A permanent and expanded rehabilitation function in CPPD is noted as feasible and likely to result in noteworthy cost savings. Change in this direction will require a broader change in the CPPD mission, to include rehabilitation as a goal throughout CPPD operations. Additionally, a number of specific directions have been identified for specific improvements in the delivery of rehabilitation programming within CPPD, and for maximizing long-term program success.

The current system clearly raises a number of concerns that will have to be addressed if the project is continued as currently implemented. These concerns include the need for better information-gathering to assist in the selection of clients, and a better monitoring mechanism to prevent unwarranted variations in costs and quality of services among contractors. An equally important concern is the need to improve the communication of objectives and goals between the project and its clientele.

Many uncertainties remain about the "true" potential cost-savings of a rehabilitation component as part of the CPPD. This is primarily due to the fact that longer-term impacts cannot be assessed at this point. *Thus research tracking certain project outcomes, such as the capacity of former participants to sustain employment in the longer-term, is an important data need for any future development of rehabilitation programs.*

1.0 Introduction

1.1 Background

The Canada Pension Plan (CPP) is a compulsory insurance program administered by Human Resources Development Canada (HRDC) providing a minimum level of earnings-replacement to all qualifying contributors upon retirement, at the onset of a disability or to survivors of a deceased contributor. This program operates in all provinces/ territories except Quebec where a comparable plan, the Quebec Pension Plan, is administered by the Provincial government.

All contributors to the CPP meeting a certain number of qualifying conditions are entitled to receive disability benefits in the event of a total loss of earning capacity. Once in receipt of disability benefits, a beneficiary remains on the disability rolls until death, the attainment of age 65 or until regained capacity to sustain regular employment. Historically, the incidence of beneficiaries leaving the disability rolls as a result of a regained capacity to sustain regular employment has been relatively low. The annual rate of beneficiaries who had their disability benefits terminated because of a regained capacity to work averaged about one percent over the past decade.[3] As a rule, all other CPP disability beneficiaries receive benefits until death or attainment of age 65.

CPP has the legislative authority to operate rehabilitation programs to assist disabled beneficiaries to regain the capacity for regular employment.[4] Historically, rehabilitation efforts within CPP have been minimal[5] and even at times, nonexistent, as it was widely perceived that once CPP disability (hereafter CPPD) benefits had been granted, they should continue until retirement or death. In the late 1980s, however, the interest in vocational rehabilitation grew both at CPP and among private disability insurance carriers, as the number of disability claims significantly increased and the need for cost-control mechanisms started to emerge. Also, advocacy groups for disabled persons increasingly supported the rights of persons with disabilities to be fully independent members of society, through initiatives such as vocational rehabilitation.

Within government, this interest in rehabilitation was reflected in a major research project on the rehabilitation potential of CPPD beneficiaries conducted in 1989. Subsequently, in 1990, CPP approved a limited pilot rehabilitation project which was later expanded into the National Vocational Rehabilitation Project (NVRP), which was implemented in 1993-96. The goal of this project was to examine the feasibility of establishing a permanent rehabilitation function at CPP.

Interest in rehabilitation was heightened in 1992-96, because of public concerns over the increasing cost of CPPD, and rehabilitation became a topic of particular interest in internal Departmental studies,[6] and an independent evaluation of CPPD conducted in 1995-96. Those studies suggested that there is significant potential for the rehabilitation of CPPD beneficiaries: some 31 percent of respondents to a major survey of CPPD beneficiaries reported that they would probably be capable of some type of work now or in the future; 24 percent of beneficiaries who had not previously engaged in vocational rehabilitation expressed an explicit interest in vocational rehabilitation; and one analysis of related data suggested that close to 10 percent of all CPPD beneficiaries might be capable of full-time employment.[7] As a result, one key suggestion of the 1996 CPPD evaluation was that an evaluation of the NVRP be conducted.

Thus, as the initial funding commitment for the NVRP came to an end as of March, 1996, HRDC commissioned SPR Associates Inc. to review the experience of the NVRP with a view to providing guidance on the future of the project.[8]

This document reports on the findings of the evaluation of the NVRP. This evaluation was conducted

in conjunction with the broader evaluation of the CPP program (Disability Component). While the two evaluations are closely related, this report stands by itself and only occasional references are made to other reports of the main CPPD evaluation. When lines of evidence from the CPPD evaluation are used in this report, complete contextual notes are provided.

1.2 Methodology

This evaluation draws from a variety of information sources, incorporating both qualitative and quantitative data. The activities conducted as part of this evaluation include the following:

1.2.1 Interviews with Stakeholders

This component of the evaluation comprised interviews with about 30 individuals from HRDC and various other organizations. These in-depth interviews were conducted with NVRP staff, HRDC senior managers, rehabilitation consultants and project partners, including private long-term disability insurance (LTDI) carriers, Workers' Compensation Boards (WCB), and Vocational Rehabilitation Services (VRS). The interviews contributed to building a basic knowledge of the functioning of the NVRP, as well as allowing for the exploration of many of the evaluation issues.

1.2.2 A Survey of NVRP Clients

A mail survey of CPPD beneficiaries who were participants in the NVRP was conducted as part of this evaluation. The survey dealt with issues related to the respondents' characteristics, their experience with NVRP, barriers to returning to work, activities limitations, needs for assistance with daily living, employment history, etc. The survey questionnaire is provided in Appendix C.

Questionnaires were sent to all participants in the pilot rehabilitation project and the NVRP (about 700 clients) and a comparison group of 300 CPPD beneficiaries who either did not qualify for NVRP or who refused to participate in the NVRP. The comparison group was randomly selected from the NVRP data base containing information on all CPPD beneficiaries whose files were reviewed for potential participation in the project. This data base contained approximately 20,000 files at the time of sampling.

As of writing, 670 completed questionnaires had been received, for an overall response rate of about 70 percent.[2] Questionnaires were returned by about 64 percent of NVRP participants and some 74 percent of CPPD beneficiaries in the comparison group.

These responses were extremely informative on specific issues and also as regards NVRP communications and client awareness of the program. The survey data analysis conducted for the evaluation also included comparisons with a survey of some 3,600 CPPD beneficiaries conducted by Statistics Canada in 1995.[10] A number of identical indicators were used in both surveys with a view to drawing comparisons between NVRP clients and the overall population of CPPD beneficiaries. Technical notes on the survey are provided in Appendix B, including some notes on the issue of non-response bias.

1.2.3 Review of Administrative Data and Documentation

A wide range of information on project functioning was collected from departmental documentation and existing data. These documents and data were reviewed by the study team and are referenced a

number of times in this report. Note that: while information from the project literature was found to be extremely useful, the researchers were limited in their ability to examine some data directly because of the confidentiality of client files.

Overall, current information systems on the project provide a wide range of information on project activities and potential cost-savings associated with the rehabilitation of NVRP clients. However, a major limitation of the project systems is the inability to provide aggregate data on many basic client characteristics, such as demographic data, length of time on CPPD, benefit levels, etc. Thus, very little information can be taken from the project information systems to add to the profile of the population of NVRP beneficiaries.

To overcome this difficulty, evaluation activities were expanded to include a review by NVRP staff of their client files. This review retrieved basic information on the population of CPPD beneficiaries who participated in the project. A form (see Appendix C.2) was used to record the relevant information on the clients' demographic profile, work history, benefit level, rehabilitation status and other administrative data. This file review component resulted in the review of 588 client files (84 percent of all files), while the remaining files could not be obtained at the time of the review.[11]

1.2.4 Focus Groups

Two focus groups were conducted to collect additional data on a number of the evaluation issues and preliminary evaluation findings. The first focus group involved staff from different units within CPPD. The discussions dealt primarily with the client selection process and the potential for vocational rehabilitation among CPPD beneficiaries. The second focus group involved representatives from different rehabilitation service providers (LTDI, WCB, VRS) and advocacy groups. The discussions at these focus groups centred around the potential for integration of services, communications between NVRP and related organizations, different models of service delivery used by other providers, and the potential application of these models to the CPPD context.

1.2.5 Analysis of Rehabilitation Experience in Selected Countries

For this evaluation component, international program information collected as part of the main CPPD evaluation was re-examined with a view to identifying common issues and differences with the Canadian experience in the field of rehabilitation. While most Public Disability Insurance (PDI) and rehabilitation programs at the international level are significantly different from the CPPD program (see Section 2.1), similarities and parallels were identified on specific points for the purpose of the evaluation, especially with the American Disability Insurance (DI) system which uses a definition of disability very sim... to the Canadian program.

1.3 This Report

This document reports on the findings of the evaluation of the National Vocational Rehabilitation Project. As several of the evaluation issues defining the parameters of this evaluation are largely descriptive in nature,[12] Section 2 provides a complete overview of the functioning of the project, its specific nature in relation to other vocational rehabilitation programs and a profile of NVRP clients as informed by the survey component of this evaluation.

Section 3 of this report assesses the performance of the NVRP in relation to major questions/issues identified in the course of the study. This discussion is grouped by topic, combining the different lines

of evidence explored as part of the evaluation. Section 4 deals with the impacts/outcomes of the project, as reported in interviews with stakeholders and the survey of NVRP clients.

A number of alternative approaches for a refined or improved CPPD rehabilitation program are discussed in Section 5 of this report. These alternative approaches are derived from the evidence of this evaluation and areas for improvements identified through research components. These options will need to be examined in relation to CPP's policy decision on the future of the project and the broader context of rehabilitation service delivery within a changing CPP environment (Project Re-Design, new adjudication guidelines, growing emphasis on reassessment, etc.).

TABLE OF CONTENTS

2.0 Contextual Notes

2.1 Vocational Rehabilitation in the Context of CPPD

The challenge of evaluating the NVRP is to take into account a number of factors which make CPPD a unique program both within Canada and at the international level. The differences between CPPD and other disability programs must be borne in mind in reviewing the performance of the NVRP because of: (1) the program content and organizational constraints which affect the ability to offer rehabilitation services (as explained below); and (2) specific characteristics of CPPD beneficiaries who are often among the most disabled of all recipients of disability insurance.

2.1.1 CPPD as a Unique Program

Coverage: CPPD differs from most private insurance programs in that it provides universal coverage and some measure of earnings replacement to all Canadian workers meeting basic eligibility requirements, regardless of their level of risk of disability. Workers in all Provinces/Territories are covered, except Quebec, which has its own program. Private insurance often results in what has been described as *adverse selection*, namely the fact that premiums for high risk clients tend to be driven up to a level that few individuals can afford, as low risk individuals tend to buy less insurance or no insurance at all.[13] CPPD is also very different from insurance provided by provincially-administered Workers' Compensation Boards (WCB) which covers only disabilities for work-related injuries and diseases.

Definition of Disability: While the above factors makes CPPD a generally more accessible program than other types of disability insurance, the definition of disability for CPPD purposes is much stricter than that of other programs. To be considered disabled for the purpose of the CPPD program, claimants must demonstrate a *severe* and *prolonged* disability.

Severe is defined in the legislation as the incapacity to regularly pursue "any substantially gainful activity", while the word prolonged was defined as being "long continued and of indefinite duration or likely to result in death".[14] These combined thresholds contrast with broader definitions of disability used by other insurance programs (as detailed below) and make CPPD a program designed only for the most severely disabled individuals.

This stringent CPPD definition of disability has not fostered interest in vocational rehabilitation until very recently. Hitherto, it was generally assumed that CPPD beneficiaries had very little (if any) potential for vocational rehabilitation and CPPD benefits were generally seen as an entitlement for life. This deeply-rooted belief was increasingly challenged in the late 1980s and early 1990s, as CPPD benefits were granted to an increasing number of younger applicants and as growing evidence was brought forward that at least some potential for rehabilitation existed among CPPD beneficiaries.

Nonetheless, there remains considerable resistance to the effective implementation of a rehabilitation function at CPPD. The whole CPPD system was largely designed in an era when vocational rehabilitation was not a policy concern, and this is reflected (for instance) in adjudication practices which give little consideration to vocational factors, and in information gathering systems which emphasize the collection of medical rather than functional information on beneficiaries. Moreover, it appears that there is a great deal of skepticism about the true benefits of a rehabilitation function within CPPD.

Quebec Pension Plan: The Quebec Pension Plan Disability (QPPD) program, while using a similar statutory definition of disability to CPPD, tends to be stricter in the adjudication of benefits at the administrative level for people under the age of 60, while using a much more generous definition of disability for people in the 60-64 age group. These program features make the QPPD a program more targeted to older people, and greatly reduces the potential for rehabilitation within the QPPD. As a result, rehabilitation has never been a significant issue within QPPD.[15]

2.1.2 LTDI Programs

Private long-term disability insurance (LTDI) generally operates with a dual definition of disability, using different standards for the first two years of a disability and the subsequent period of disability. During the first two years, a disability is indemnified by most private insurance programs if claimants are unable to pursue their own occupation. After the second year of disability, continuing eligibility for disability payments usually depends on the claimant's inability to pursue any occupation. This latter definition is broadly similar to that used by CPPD.

The implications of this dual definition for LTDI rehabilitation purposes are substantial, as most private insurers will intervene to reintegrate disability claimants into the workforce prior to the end of the second year of disability. Rehabilitation thus serves as a cost-control mechanism to resolve claims before the end of the first compensation period and demonstrate the ability of claimants to return to the workforce before the claim is examined for eligibility beyond the second year.

LTDI programs differ from CPPD by their significantly higher levels of earnings-replacement. Generally, private insurers replace between 70-80 percent of the claimants' pre-disability wage, although they will offset any CPPD payments by reducing their benefits by an amount equal to the disability pension paid by CPPD. Higher benefit levels for LTDI make rehabilitation an important measure for cost-savings.

2.1.3 PDI in Other Countries

Public Disability Insurance (PDI) programs in other countries usually differ from the Canadian system in that they provide broader coverage including both partial and short-term disability. These programs often have a strong rehabilitation component which is targeted to beneficiaries on short-term disability

insurance (often referred to as Sickness Benefits). Similarly to LTDI carriers, the aim of rehabilitation measures is to return beneficiaries to the workforce before they reach the long-term disability program which usually begins after one year of disability.

The American Disability Insurance (DI) program is the most broadly comparable program with CPPD. Like CPPD, the American program covers only "severe" and "prolonged" disabilities, and no compensation is provided for partial or short-term disabilities. Historically, vocational rehabilitation measures have been minimal in the United States (as in Canada), but there is now a growing interest in rehabilitating DI beneficiaries and diverse options are being explored at this time.

2.1.4 Conclusion

Thus, there are significant unique features of CPPD which differentiates it from other disability insurance programs. It is these features which have not fostered interest in vocational rehabilitation until very recently. CPPD operations were historically designed with no regard to vocational rehabilitation, and many aspects of the organizational "culture" does not facilitate rehabilitation goals. Also, CPPD beneficiaries are among the most disabled, as they have been determined to be incapable of pursuing any substantially gainful occupation. This has fostered the public perception that CPPD benefits are "an entitlement for life" and also has impeded vocational rehabilitation efforts.

Despite these challenges, the interest in vocational rehabilitation has grown significantly among CPPD administrators in recent years, as it was perceived that many beneficiaries were potentially able to, and would benefit from, return to the workforce. As discussed below, several lines of evidence suggest that the CPPD program can overcome many of the above difficulties and be successful in rehabilitating a portion of its beneficiaries. However, these difficulties must be borne in mind in reviewing the experience of the NVRP, because there is a need to take into account the organizational constraints within which the project operated.

2.2 Overview of the NVRP

2.2.1 Historical Development and Objectives[16]

A pilot project for assessing the feasibility of implementing a rehabilitation component as part of the Canada Pension Plan Disability (CPPD) benefits program was approved in April, 1990. This project was carried out partly as a result of observations made by the Auditor General in 1987 to the effect that CPP had not implemented specific regulations which give a wide range of powers to the administration to require some beneficiaries to undergo reasonable rehabilitation measures.

The pilot rehabilitation project was the first attempt by CPP to implement this portion of its mandate since the early 1970s. In the early 1970s, a similar limited project was abandoned because of the lack of professional services available in the field of vocational rehabilitation in the private sector.[17] The 1990 pilot project was resourced with a budget of $250,000, with initial human resources of 1 1/3 full-time equivalents. Rehabilitation services were provided by 5 private sector organizations in Ontario and British Columbia, with a target of 100 clients.[18] Referrals for this rehabilitation project came to an end in March, 1992. Overall, 77 clients participated in the pilot, 27 of whom completed their plan and stopped receiving CPPD benefits, for a successful completion rate of 38 percent.[19] Savings from the successful rehabilitation of these clients are estimated at $640,000 after 3 years and projected to be $4,800,000 by the time rehabilitated clients reach the age of 65 (if they do not return to

the disability rolls). Compared to the project cost of $250,000, the pilot project yields a potential cost-savings ratio of up to 2.5 (dollars saved per dollar invested) after 3 years and an estimated cost-savings ratio of up to 19.0 by the age of 65.[20]

The National Vocational Rehabilitation Project: In September 1991, the Federal government announced its *National Strategy for the Integration of Persons With Disabilities* (NSIPD). One component of this program was an extension of CPP's rehabilitation project for a period of 5 years, with a funding commitment of $6,000,000. This new project was built on the experience of the first rehabilitation initiative and targeted the provision of services to 1,000 clients by March, 1996. The implementation of the project proved to be challenging, as illustrated by the fact that referrals of clients did not begin until April, 1993.

The stated objective of the NVRP is:[21] *"To identify suitable disabled Canada Pension Plan beneficiaries residing in Canada and provide them with the necessary vocational rehabilitation services that will allow for a return to meaningful employment*". Because of the stringent CPPD definition of disability, the objective of the NVRP is to provide basic entry-level skills. As such, career goals of participants are only considered to the extent that they are consistent with the limited objectives of the project.

Services under the NVRP are provided through a network of rehabilitation contractors located in most provinces. These contractors were selected through formal contracting procedures, following an open bidding process. Selection criteria included the contractor's understanding of the project; their ability to identify constraints and risks; their communications and reporting strategies; quality assurance; organizational strengths; the reputation of the firm; the experience and demonstrated ability of key personnel; and cost proposals.

These private rehabilitation consultants are responsible for case managing the rehabilitation process, including the assessment of the potential for rehabilitation, the development of a rehabilitation plan in collaboration with the client; and supporting clients in following through their rehabilitation plan. In-house staff at the CPP National Headquarters in Ottawa are responsible for client selection and for supervising the work of rehabilitation contractors, including the approval of rehabilitation plans and other services. Rehabilitation services are paid for by NVRP until clients regain their capacity for regular employment or until it becomes apparent that clients will not be able to return to work.

2.2.2 Identification of Potential Clients

Rehabilitation services under the NVRP are only provided to CPPD beneficiaries who are identified as having a potential for rehabilitation. There are two mechanisms to initiate a review of client files for participation in the project. The first mechanism starts at the administrative level, while the second mechanism is voluntary and begins at the initiative of the beneficiary.

Administrative Screening Process: The selection of most NVRP clients begins with a referral either from the Disability Operations Division (DOD) Initials, Appeals or Reassessment units.[22] CPPD adjudicators are not required to do an initial assessment of the beneficiary's potential for rehabilitation. Rather, they are asked to refer all files meeting a number of criteria/guidelines which are set by NVRP. The current criteria are:

- The beneficiary must be under the age of 50;

- The beneficiary must not have been granted benefits under the provisions of Bill C-57[23]
- There must be a reasonable level of education or transferable skills;[24]
- The beneficiary must be medically stable; and
- The beneficiary should not be terminally ill.

Thus, only a portion of CPPD files is transferred to the Rehabilitation Unit for an initial assessment of rehabilitation potential. Over 1993-96, some 20,000 files were transferred for assessment.

Once a file is transferred to the Rehabilitation Unit, selected client data are entered into the unit's information system (the Rehabilitation Case Management System) and the file is reviewed by a case manager or a medical adjudicator for an initial assessment of eligibility. In this initial review, factors such as the length of time out of the workforce, the consistency of work history, transferable skills and demonstrated motivation are taken into account in pre-screening candidates for a telephone interview.

If the NVRP reviewer thinks that the beneficiary may be an appropriate candidate for vocational rehabilitation, the beneficiary is initially contacted by telephone to explain the project and the rehabilitation process. The reviewer will also collect additional information on the client's medical condition and other factors relevant to the rehabilitation assessment. Beneficiaries are also asked at that time, whether they are interested in undergoing a more thorough rehabilitation assessment and in participating in the project.

If the beneficiary is identified as having potential for rehabilitation and is willing to undergo further assessments, a consent form is sent to the client to authorize the release of information to third party rehabilitation contractors. When the consent form is returned, the referral to a rehabilitation contractor is made and the file is assigned to one of the NVRP in-house case managers.

Toll-Free Telephone Line: An initial assessment by in-house case managers can also be initiated by the beneficiaries themselves if they learn about the project and call the toll-free NVRP telephone line. Beneficiaries calling the toll-free line are informed about the project and their potential for rehabilitation is explored. The beneficiary's file is then requested by the NVRP staff and it is determined whether the beneficiary is suitable for rehabilitation services.

2.2.3 Rehabilitation Process

Rehabilitation Consultants: The initial NVRP decision to deliver rehabilitation services through a network of private rehabilitation organizations was based on the need for rapidly implementing a nation-wide delivery system. The rehabilitation contractors involved in the project were selected through formal contracting procedures, following a request for proposals by the NVRP. There are currently six contractors in Ontario, two in British Columbia and one in each of Alberta, Manitoba and the Maritimes.

These rehabilitation contractors are responsible for delivering a wide range of services such as conducting an assessment of clients' needs and potential for rehabilitation; preparing a rehabilitation plan mutually agreeable to clients and project officials; monitoring the progress of clients while receiving rehabilitation services; counselling and assisting clients in searching for employment. The work of contractors is monitored by NVRP staff who work with them throughout the rehabilitation process.

Within 30 days from the referral, rehabilitation consultants must complete a thorough assessment of the client's situation and make recommendations as to whether or not a rehabilitation plan should be pursued. This assessment involves a face-to-face interview with the client lasting 2-3 hours on average, at which point the medical condition, transferable skills, personal situation and motivations of the client are reviewed. This assessment also involves contacts with treating physicians and previous employers (if applicable). A complete report is prepared for review by the NVRP in-house case manager.

If it is determined that the client should participate in vocational rehabilitation, a plan is drawn up by the consultant in collaboration with the client. The rehabilitation plan outlines all services to be provided to clients, cost estimates and time-frames for completion of the plan. The plan has to be approved by the NVRP case manager before rehabilitation services begin. Services covered under the project are varied and approvals are made on a case-by-case basis. Among other things, services may include high school upgrading, short-term or on-the-job retraining, formal education programs, physical conditioning and the provision of assistive devices.

While NVRP clients complete their rehabilitation plan, consultants are responsible for monitoring progress and reporting to case managers. If it appears that insufficient progress is being made due to the medical condition or the lack of motivation, case managers can terminate the rehabilitation process at any time and clients may continue to receive CPPD benefits or their file may be targetted for a reassessment of eligibility.

If, on the other hand, the rehabilitation plan is successfully completed, a three month job search period is allowed during which time the client also continues to receive CPPD benefits. This job search period can be extended at the discretion of case managers, but CPPD benefits will ultimately be terminated after a reasonable job search period, regardless of whether or not clients return to regular employment.

2.3 Profile of NVRP Clients

The client survey conducted as part of this evaluation provided a profile of participants in the NVRP. This section will describe the broad characteristics of the project clients, and draw comparisons with the overall population of beneficiaries using Statistics Canada's survey of 3,600 CPPD beneficiaries conducted in 1995.

Overview: NVRP clients are predominantly males aged between 30-49, with most clients residing in urban centres of varied sizes. The majority of project participants have completed at least some post-secondary education. The medical conditions most often reported by NVRP clients are back and joint problems, followed by mental illness and depression and heart/stroke/high blood pressure problems.

NVRP respondents were asked to assess their potential for returning to regular employment in the future, if proper vocational rehabilitation services were provided to them. Generally, the proportion of clients reporting good potential to return to the workforce is relatively low, constituting only about 30 percent of survey respondents. Almost half of the NVRP survey respondents report low potential for returning to work. This provides an indication that clients perceived that they had extensive rehabilitation needs and that building client confidence in the rehabilitation process may be one of most difficult aspects of a rehabilitation plan.

Some Comparisons: Results from the survey indicate that males are slightly over represented among NVRP clients, when compared to the overall population of CPPD beneficiaries. The difference is small, but may nonetheless be indicative that certain selection criteria emphasize factors (such as education and work experience) which males would historically have been somewhat more likely to meet.

Display 1
Profile of NVRP Respondents

	NVRP Clients (n=448)	CPPD Population (n=3,622)
Gender		
Male	64.5%	57.6%
Female	35.5%	42.4%
Years of Age		
Between 20-29	6.1%	1.0%
Between 30-39	39.6%	8.4%
Between 40-49	38.7%	19.1%
Over 50	15.7%	71.5%
Population of City/Town Residing in:		
Rural of less than 1,000	10.5%	21.0%
1,000 to 29,999	26.7%	21.6%
30,000 to 99,999	22.8%	16.1%
100,000 to 499,999	22.3%	21.4%
500,000 and over	17.7%	19.9%
Highest Level of Education		
No formal education	.7%	1.0%
Elementary education	5.0%	26.9%
Secondary education	42.2%	49.8%
Some post-secondary education	16.5%	5.7%

Post-secondary education	28.4%	9.2%
University	7.2%	7.4%
Type of Disability		
Back/joint problems	44.3%	53.9%
Heart/stroke/high blood pressure	14.8%	30.4%
Diabetes	7.7%	8.2%
Mental illness/depression	17.8%	19.8%
Deafness/blindness	10.5%	6.8%
Nervous system	8.7%	11.0%
Cancer	3.0%	5.0%
Infections/immune disorders	4.4%	3.6%
Allergies	4.0%	10.9%
Lung disease	2.6%	6.2%
Spinal cord injuries	11.9%	12.2%
Substance addiction	.9%	1.0%
Other (see Appendix D)	37.5%	25.4%
Self-Reported Potential to Return to Work		
Good potential	30.2%	---
Average potential	19.9%	---
Low potential	49.9%	---
Average Number of Years on CPP	4.0 *	4.9
Average Monthly Benefit from CPP	$728.5	---

* Includes only respondents still in receipt of CPPD Benefits (n=356).

Not surprisingly, age is by far the most significant difference between NVRP clients and the overall population of CPPD beneficiaries, with NVRP clients being much younger generally. As stated earlier, age is one of the screening criteria for referring files to the NVRP. Individuals over the age of

50 represent about 16 percent of respondents to the survey, despite the fact that CPPD beneficiaries in that age group are generally not assessed for vocational rehabilitation purposes.

This characteristic reflects, in part, a special project undertaken in 1995 within the Rehabilitation Unit to determine the feasibility of extending the administrative referrals process to people over age 50. As a result of this project, 33 clients over the age of 50 entered the project. Other clients may have turned 50 after being enrolled in the project or may have entered the project through self-referral.

Fewer NVRP clients are from small towns or rural areas than in the overall population of CPPD beneficiaries. While not specifically a screening criterion, location in, or size of the beneficiary's urban area was acknowledged to have been taken into account in interviews with NVRP staff in determining suitability for vocational rehabilitation. The rationale for this, as reported by NVRP staff, is essentially one of "job availability" and accessibility of re-training facilities, with rural areas and small towns having generally fewer employment opportunities (especially for those with disabilities) and services.

There is also a significant difference in education between the two groups, again reflecting the selection criteria. The majority of NVRP respondents have at least some post-secondary education, compared to only about one-quarter of all CPPD beneficiaries, as reported in the 1995 Statistics Canada Survey. These data indicate that education has been heavily weighted in the client selection process.

Finally, NVRP clients generally reported the same types of medical conditions as other CPPD beneficiaries. However, joint/back problems and heart/stroke/high blood pressure problems are less frequently reported by respondents who participated in the project. The broad similarity in the medical conditions between the two groups indicate that access to the project was not restricted to specific types of disability.

CPPD Benefits: NVRP respondents have been in receipt of CPPD benefits for an average of 4.0 years (excluding clients who are no longer in receipt of CPPD). This number is only slightly lower than the average length on benefits in the overall population of CPPD beneficiaries (4.9 years), a surprising finding considering the theoretical advantage — often reported in the literature — of rehabilitation beginning soon after the onset of disability.

Also, in comparing the length of time on CPPD, the difference in age distribution between the two groups is noted, with NVRP clients being younger, as a result of selection criteria. The average monthly benefit received by NVRP clients is about $730 per month. This amount includes the dependent child benefit portion of the benefit, when applicable.[25]

3.0 NVRP Performance

3.1 Rationale for a Rehabilitation Function

3.1.1 Potential Cost-Savings

Findings: Data indicate that the successful rehabilitation of even a small number of CPPD beneficiaries can provide significant cost-savings for CPP. This would support the rationale for a permanent rehabilitation function within CPP, even if the overall potential for vocational rehabilitation among CPPD beneficiaries was modest.

The cost of the CPPD program has increased sharply over the last six years, as a result of the combined increase in disability grants and the reduced termination rates of CPPD beneficiaries. This situation has created substantial financial demands on the CPP fund, causing the disability component to represent a larger share of the total CPP expenditures.[26] This has prompted CPP administrators to explore different options for lowering program costs, including a new emphasis on vocational rehabilitation.

Data indicate that a successful vocational rehabilitation program can indeed be an effective cost-control mechanism. Cost-savings resulting from the successful rehabilitation of even a small portion of CPPD beneficiaries (especially younger individuals) can be significant. Survey results indicate that the average annual pension paid to NVRP clients is about $8,760. Therefore, cost-savings from the successful rehabilitation of a single client at age 45 can amount to as much as $175,200 by time of transfer from CPPD to CPP retirement.

NVRP data suggest that the successful rehabilitation of the NVRP clients who completed their rehabilitation plan to date could yield direct cost-savings of as much as $30 million, if these clients do not return to the disability rolls. Indirect cost-savings such as lower dependency on other benefits, increased income tax payments and additional CPP contributions make successful reintegration into the workforce even more cost-desirable. Considering this perspective, it is not surprising that many Public Disability Insurance (PDI) programs throughout the world, as well as private insurance carriers, have, in recent years, re-oriented their programs to give a stronger role to vocational rehabilitation.

3.1.2 CASELOAD Management

Findings: Vocational rehabilitation is an important caseload management instrument, as research demonstrates that many beneficiaries require some support to successfully return to the workforce and overcome longer-term dependency on Public Disability Insurance.

CPPD benefits can only be terminated for one of the following reasons: (i) attainment of age 65; (ii) death of the beneficiary; or (iii) regained capacity to sustain regular employment. As mentioned above, the historical rate of regained capacity for work at CPPD has been low, averaging an annual rate of about 1 percent of the total population of beneficiaries.

In recent years, CPPD efforts in the area of caseload management have increasingly been targeted towards reassessment of eligibility and vocational rehabilitation. Research has suggested that while reassessment of eligibility constitutes a useful mechanism for controlling the expansion of PDI rolls, its effects can be considerably offset by the fact that a large number of beneficiaries eventually return to the disability rolls, after re-applying for PDI benefits some time later.[27] This situation points to the need for other positive initiatives to assist disability beneficiaries in returning to the workforce and in reducing long-term dependency on PDI. This objective also suggests the need for assessing the impacts of rehabilitation measures, not only in terms of successful job-placement, but also in terms of

sustainable employment (it is often suggested that workers with disabilities are among the first to be affected by periods of high unemployment).

3.1.3 Potential for Rehabilitation at CPPD

Findings: Various lines of evidence suggest that the rehabilitation potential among CPPD beneficiaries may be higher than suggested by the experience of the NVRP to date. There are several indications that NVRP could be expanded, but this could necessitate exploring new options for delivering rehabilitation services.

A crucial question in reviewing the rationale for a rehabilitation function as part of the CPP is the following: are there enough CPPD beneficiaries who could benefit from vocational rehabilitation services to make a rehabilitation function warranted as a cost-control mechanism? And if so, how many? These are questions which must be answered for purposes of program planning.

NVRP Experience: The NVRP experience to date could suggest a relatively low potential for rehabilitation among CPPD beneficiaries. Project statistics indicate that over the three years of the project, some 19,225 files were received and examined by case managers and medical adjudicators in the Rehabilitation Unit. Of these files, only about 3.2 percent resulted in referrals to rehabilitation consultants.[28]

Taking into account the fact that the screening process at the adjudication level would have significantly reduced the number of "inappropriate" files reviewed by NVRP staff, the true potential for rehabilitation under the current project structure would appear to be less than 5 percent, perhaps only about 1-2 percent of CPPD beneficiaries aged between 20-49. It should be noted, however, that this small number may reflect project characteristics (such as the voluntary nature of the NVRP, or organizational capacity), more so than the true potential for rehabilitation among CPPD beneficiaries.

In light of this evidence, the question remains as to whether the NVRP has attained the maximum rehabilitation potential among CPPD beneficiaries or whether the project could benefit from further expansion, if it were established as a permanent function of the CPPD administration.

Literature: To date, no comprehensive internal review of the potential for vocational rehabilitation of CPPD beneficiaries has been conducted, with the exception of a study conducted in 1989 to make recommendations on a cost-efficient way to identify beneficiaries with a high rehabilitation potential.[29] That study, however, was more methodological in nature, and did not directly estimate the proportion of beneficiaries who could benefit from vocational rehabilitation measures to return to regular employment. Internal CPPD estimates suggest that about 15-25 percent of beneficiaries aged under 55 have good rehabilitation potential, but these numbers do not seem to be based on specific hard evidence.[30]

Another line of evidence providing some indication of the potential for rehabilitation of CPPD beneficiaries is the Survey of CPPD Beneficiaries conducted by Statistics Canada in 1995.[31] Overall, some 31 percent of the beneficiaries surveyed reported that they could potentially be able to work in the future, or that they were able to do some work now, but were limited in the kind or amount of work they could perform. It is possible that a significant portion of these people would benefit from vocational rehabilitation measures and have a potential for returning to regular employment.

Moreover, about 24 percent of respondents who had not previously engaged in vocational rehabilitation while on CPPD experienced an interest in such vocational rehabilitation programs. A related analysis for the CPPD evaluation suggested that about 10 percent of CPPD beneficiaries might be suitable for full-time employment.[32]

Evolving Concept of Disability: To an extent, potential for rehabilitation is tied to an evolving concept of disability and issues of cost-effectiveness. The concept of disability has significantly changed over the years and it is now largely accepted among rehabilitation specialists that disability is rarely a complete barrier to employment. In contemporary thinking, if sufficient resources are spent, most disabled individuals could sustain some type of work when aided with modified workplace structures, part-time employment or when re-skilled for another type of occupation. Indeed, some rehabilitation programs have shown that even very severely disabled individuals can be reintegrated into the workforce, if adequate support is provided.[33]

For this reason, the issue of the potential for rehabilitation among CPPD beneficiaries may essentially be one of cost-effectiveness. In other words, the central question is to determine the extent to which it is justifiable to spend CPP resources to support return to work efforts of beneficiaries. As rehabilitation services at CPPD today are seen primarily as a cost-control mechanism (while other objectives such as social development are also pursued), the potential for rehabilitation from an economic theory rationale is the optimal number of beneficiaries who can be reintegrated into the workforce at a lower cost than the total value of their disability pension (while taking into account the rehabilitation costs of unsuccessful candidates and the possibility that some candidates will return to CPPD at a later date). Data on rehabilitation costs for NVRP (see Section 3.8) suggest that this level has not been reached yet.

Interviews With Stakeholders: This point is supported by the fact that *the majority of stakeholders interviewed as part of this evaluation believed that the real potential for rehabilitation at CPPD had not been reached with the NVRP.* It was pointed out that, while the client selection process had been targeted to the "cream of the crop", uncertainty about the future of the project has sometimes required targeting efforts towards CPPD beneficiaries who could benefit from short-term rehabilitation (within 6-12 months) as opposed to clients with longer-term rehabilitation needs. In this respect, even the savings of the current program may be less than what could have been achieved.

3.1.4 CPP Regulations

Findings: Vocational rehabilitation is supported by CPP regulations which authorize the program to require beneficiaries to make reasonable efforts to return to the workforce.

The CPP regulations provide that: "[w]here the Director is of the opinion that a person who has been determined to be disabled within the meaning of the Act may benefit vocationally from reasonable rehabilitation measures, he may, from time to time, require that person to undergo such reasonable rehabilitation measures as he may specify".[34]

In 1987, the CPP was criticized by the Auditor General for having failed to implement this portion of the regulations.[35] In light of the evidence demonstrating that there is some potential for rehabilitation among CPP beneficiaries, the CPP may be under a legislative requirement to maintain a rehabilitation function as part of its disability program.

3.1.5 Social Development Objectives

Findings: A wide range of data suggest that rehabilitation of CPPD clients can serve important social development goals for individuals and government.

Rehabilitation and employment creates improved social development for individuals in the way of increased incomes, self-worth, and social participation. This was reflected, for example, in stakeholder interviews for the CPPD evaluation where representatives of disability advocacy groups argued that the single most important change needed for CPPD was the creation of a framework for re-employment and re-integration into society of CPPD beneficiaries.[36] These types of impacts are reflected below in this report (Sections 4.2 and 4.3), in a wide range of related impacts of NVRP reported by some survey respondents in such areas as increased self-esteem and improved quality of life generally.

As well, the broad social development benefits of rehabilitation are consistent with Federal policy goals in this area, as reflected in, for example, the *National Strategy for the Integration of Persons with Disabilities*.

3.1.6 Conclusion

The evidence reviewed as part of this evaluation supports the rationale for a rehabilitation function as part of the CPPD program. However, it should be noted that under the current project structure, the rehabilitation program at CPPD could be somewhat expanded but a greater potential may exist under a restructured program. Some options are discussed in Section 5. It is believed that NVRP, as it currently operates, could possibly be expanded somewhat, but the project would remain a very small component of the CPPD.

This evaluation underlines the need to explore new options to improve the delivery of NVRP or future rehabilitation initiatives as part of the CPPD program. The true potential for vocational rehabilitation within CPPD may not have been fully reflected in the NVRP experience, and a variety of new approaches may have to be considered to maximize enrollment of suitable candidates in the future.

Thus, there is likely room for expansion of the rehabilitation function within a modified program and context. But the lack of objective evidence on the optimal level of vocational rehabilitation within CPPD may have to be resolved in the future to provide appropriate guidance for program planning. This concern could be largely resolved by developing a very specific research agenda as part of any future vocational rehabilitation efforts, as further discussed in Section 5 of this report.

3.2 Client Selection Process

An essential component of a successful rehabilitation program is an adequate and cost-efficient mechanism for identifying beneficiaries who can benefit from vocational rehabilitation services. Such a mechanism typically involves several stages, with increasingly thorough investigation to determine the potential for rehabilitation of a client, before services are delivered and significant costs are incurred.

3.2.1 Appropriateness of Clients Referred

Findings: The current client selection process has resulted in generally appropriate referrals to rehabilitation consultants, as evidenced by stakeholder interviews and project data. Also indicative is the fact that among survey respondents, NVRP clients reported substantially higher potential for rehabilitation than non-participants and substantially fewer activities limitations and needs for assistance with daily living.

Referrals System: Rehabilitation consultants generally noted that clients referred by NVRP were appropriate candidates for rehabilitation. It was perceived that most referrals had a genuine potential for returning to the workforce, regardless of the severity of their disability. Consultants also noted that NVRP clients were generally more motivated than other clients served by these organizations.

This finding is supported by program data indicating that only about 10 percent of referrals made by NVRP staff were considered to be inappropriate candidates for vocational rehabilitation after an initial assessment was conducted by rehabilitation consultants.[37] Considering that the initial assessment conducted by rehabilitation consultants is significantly more extensive than telephone interviews conducted by NVRP staff, a small proportion of "inappropriate" referrals would appear to be unavoidable.

Another indication of the appropriateness of referrals to rehabilitation consultants is the overall success rate of the project. Between 1993-96, project data indicate that about 41 percent of NVRP clients successfully completed their rehabilitation plan. While no directly comparable data is available for other programs, information from stakeholder interviews suggests that this rate compares advantageously to other programs, considering the "severe" and "prolonged" nature of the disability of NVRP clients.

Survey Results: While only indicative, the evaluation survey data also indicate that rehabilitation potential among NVRP clients is significantly higher than among other CPPD beneficiaries. Display 2 shows comparisons on a number of survey indicators between NVRP clients and CPPD beneficiaries who were not selected for participation in the project after an initial administrative review (survey comparison sample). Survey responses show that NVRP clients are significantly less likely to have severe activities limitations or to require assistance with daily living activities. Respondents from the comparison group of non-participants to the NVRP also report a much lower potential to return to regular employment in the future than NVRP clients (although responses are likely to be influenced by actual participation in the project).

Display 2
Comparison of NVRP Clients and Non-Selected Candidates

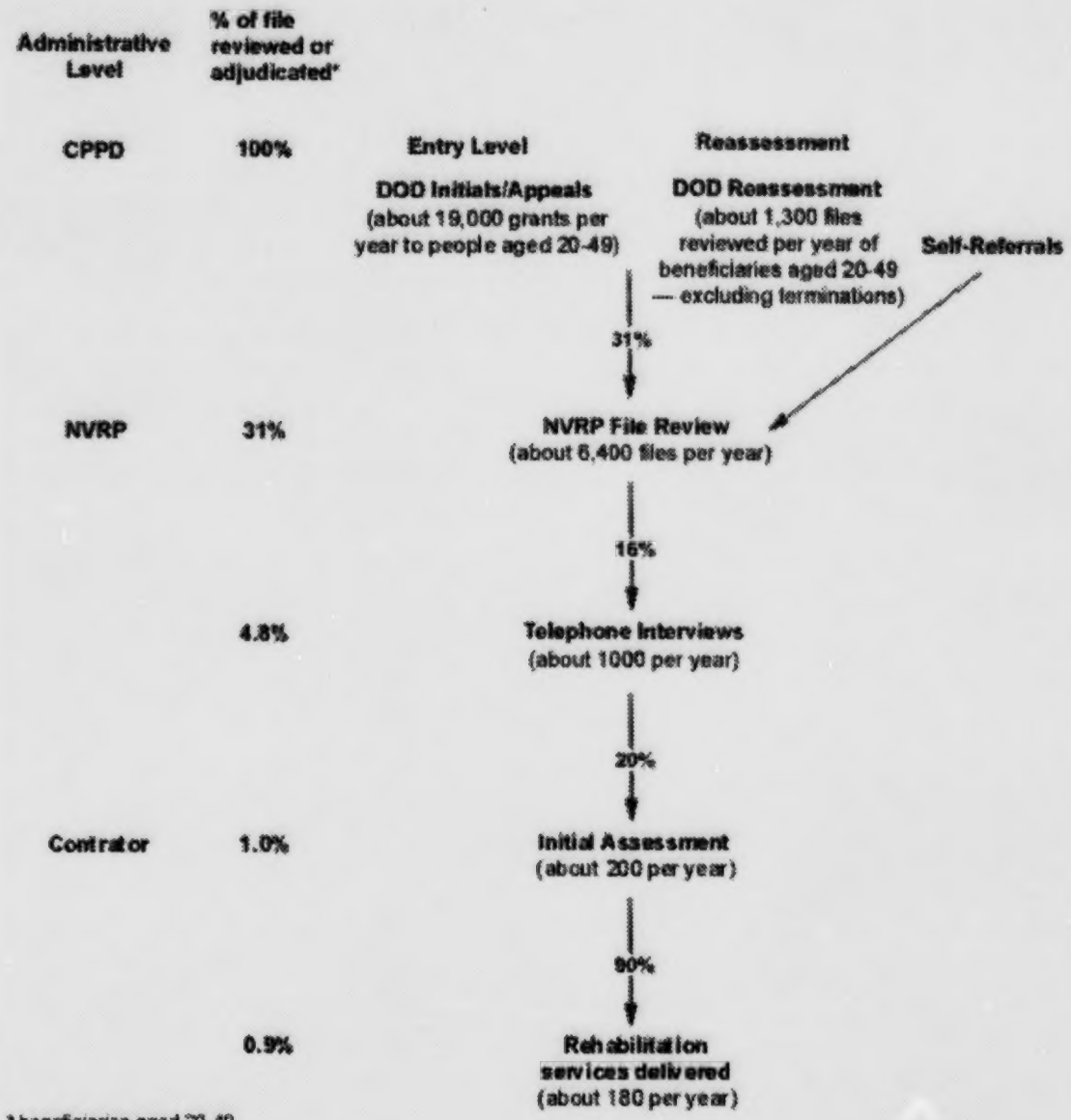
	NVRP Clients (n=448)	Comparison Group (N=222)
Number of Barriers to Employment *		
No specific barrier reported	30.6%	45.9%
Between 1 and 3 barriers	51.1%	42.8%

4 barriers or more	18.3%	11.3%
Worked Part-Time/Occasionally While on CPP *		
Yes	15.6%	5.4%
No	84.4%	94.6%
Self-Reported Potential for Rehabilitation *		
High potential for rehabilitation	30.2%	7.0%
Medium potential for rehabilitation	19.9%	12.5%
Low potential for rehabilitation	49.9%	80.5%
Reported Activities Limitations/Needs for Assist.*		
Few limitations/needs	25.0%	9.9%
Several limitations/needs	43.1%	39.6%
Many limitations/needs	31.9%	50.5%

* Statistically significant at 0.05 level.

A somewhat surprising result is the fact that respondents from the comparison group generally report fewer barriers to employment than NVRP clients. This result does not necessarily point to weaknesses in the client selection process, however, as survey responses on this indicator are also very likely to be influenced by participation in the project. Indeed, NVRP clients have undergone a rehabilitation process which involved testing their ability for being gainfully employed in an open market. This experience is likely to have raised their level of Display 3

DISPLAY 3 — CLIENT SELECTION PROCESS



analysis conducted on this issue of early intervention examined the rates of successful completion of the project in relation to the intervention time for rehabilitation purposes. The results presented in Display 7 are based on the review of client files conducted as part of this study.

Somewhat surprisingly, early intervention did not appear to result in higher rates of successful completion of the NVRP and, on the contrary, fewer clients who began rehabilitation shortly after the onset of their disability payments successfully completed their rehabilitation plan. Caution should be used when interpreting these results considering the limited number of NVRP clients who completed their rehabilitation plan to date, such that this should be a topic for future research.

Display 7

Success Rates by Intervention Time

	Intervention Time (n=429)		
	12 months or less	13 to 24 months	More than 24 months
Current Completion Status			
NVRP rehab. plan completed	36.4%	39.1%	44.4%
NVRP file closed	63.6%	60.9%	55.6%

N.B. Based on the review of client files. Cases in progress are excluded.

Nonetheless, a few observations can be made on the basis of these results. First, this analysis does not argue against early intervention as a desirable objective at CPPD. There is, for example, a strong possibility for selection bias in this analysis, considering the screening process used by NVRP. For instance, it is possible that NVRP clients who joined the project after several months on CPPD were more motivated for rehabilitation or (as a result of the selection criteria) had more transferable skills. Second, the results indicate that there can be good potential for rehabilitation for some CPPD beneficiaries, even after several years on benefits, as the medical condition stabilizes and adjustments to accommodate disabilities have been made.

3.2.5 Conclusion

The identification of suitable candidates for rehabilitation purposes is a significant challenge for any rehabilitation program. As such, the NVRP has demonstrated an important strength in making generally appropriate referrals to rehabilitation consultants since the beginning of the project. The process, however, has been cumbersome and has probably missed a significant number of suitable candidates. There is a need for improved screening resources and mechanisms.

The evidence suggests that if rehabilitation is to be established as a permanent function within CPP, significant improvements would have to be made in the area of client selection. Corrective measures ideally should be made on at two levels: (i) a cost-effective mechanism should be established for ongoing reviews of rehabilitation potential among CPPD beneficiaries; and (ii) better initial screening procedures will have to be established to reduce the number of files NVRP staff reviews in relation to the number of referrals made to rehabilitation consultants.

Other obstacles faced by NVRP staff have been the inadequacy of vocational information in client files and the need to rely heavily on file reviews and telephone interviews to remedy some of these deficiencies. *If rehabilitation is to be established as a permanent function within CPP, significant improvements should ideally be made in the area of the client selection process, including basic information gathering. These types of improvements may require a wider look at the way in which the "rehabilitation mission" is facilitated across a wide range of CPPD operations and procedures.* Some alternatives are discussed in Section 5 of this report.

3.3 Determinants of Successful Rehabilitation

This evaluation explored the issue of determinants of successful rehabilitation. The literature on this topic is substantial, and it was not expected that definitive answers to such a complex issue could be given. Nonetheless, interviews with stakeholders and the evaluation survey results provided useful leads for further research on this topic and may provide important considerations for planning of future rehabilitation efforts.

3.3.1 The Literature: Factors in Successful Rehabilitation

Findings: The literature indicates that broad demographic factors such as age and education affect employment opportunities of people with disabilities more significantly than other individuals. Recent research in the United States tends to relate a number of factors such as gender, marital status, age, education, level of benefits and pre-disability earnings with vocational rehabilitation outcomes.

Vocational rehabilitation has been of considerable interest to PDI programs in recent years, particularly in the United States. Several studies have attempted to identify specific factors which predict successful vocational rehabilitation. This has proved to be difficult at best, considering the diversity of factors at play in successfully reintegrating PDI beneficiaries into the workforce.

Study on Employment Opportunities: Research has been conducted on the impact of certain demographic factors on employment opportunities of people with disabilities. Andrews (1995), for example, used the 1990 National Health Interview Survey (NHIS) in the United States to study employment rates among individuals reporting severe disabilities.[43] Results demonstrate that some demographic factors such as gender did not have any adverse impacts on employment rates of people with disabilities. Other broad demographic factors such as age and education significantly affected employment opportunities of people with disabilities (to a greater extent than was found for fully able individuals).

Determinants of Vocational Rehabilitation: Muller (1992) examined work patterns of a cohort of DI beneficiaries by combining data from the New Beneficiary Survey (1980-81) with administrative records on work attempts by DI beneficiaries. Beneficiaries whose SSA administrative records showed any indication of work during the study period were compared to other beneficiaries who showed no indication of work. The results indicated that a number of characteristics were associated with attempts to work while on DI benefits. More specifically, beneficiaries whose records showed indications of work were generally younger, more educated, had lower DI benefits, were less likely to receive other benefits, had higher pre-disability earnings and were more likely to be white and to be single females.

While the above study could indicate that work attempts are associated with a number of characteristics, when the researchers used the same equation to identify factors predicting successful return to the workforce and termination of benefits, the results were largely inconclusive. Only two factors were correlated with successful reintegration into the workforce among DI beneficiaries, namely the fact that beneficiaries were white and not affected with mental disorders. A major limitation of Muller's study was the relatively small size of the sample used, especially for the analysis of successful return to work.

More recent research (Hennessey & Muller, 1995) using the New Beneficiary Follow-up survey in the

United States allowed for the correction of earlier sample size difficulties by using an add-on sample of beneficiaries who successfully returned to the workforce. Analyses examined tendency ratios for successful return to work in relation to a number of factors using regression models. Results showed that claimants who were younger, more educated, received lower benefit levels, were single and males had higher probabilities of return-to-work than other claimants.

Functional Capacity Approach: A study commissioned by the CPP (Wallace & Carlin (1988)) in the late 1980s took a somewhat different approach to predicting the potential for rehabilitation of CPPD beneficiaries. The study hypothesized that simple demographic and work pattern factors could not reliably predict successful vocational rehabilitation. The researchers employed a methodology using a computer model to match the functional capacities of a beneficiary with job demands in a range of suitable occupations. This study involved the review of 35,000 files of CPPD beneficiaries and the process resulted in a Vocational Ability Quotient providing an estimate of the potential for rehabilitation of a client.

An interesting feature of this study was that it applied the concept of transferable skills in a predictive model of successful rehabilitation. One of its limitations, however, was that it relied exclusively on information from existing CPPD client files, thus facing the earlier noted severe data limitations (see Section 3.2.3) and overlooked other important predictors of successful rehabilitation such as client motivation. Perhaps for this reason, no application of this study was ever made.

3.3.2 Stakeholders' Views of Factors in Successful Rehabilitation

Findings: Stakeholders identified a wide range of factors perceived as predicting successful reintegration into the workforce. These determinants related to behavioural factors such as personal motivations and desire to return to the workforce; demographic factors such age, education and region; or vocational factors such as a consistent work history, non-reliance on other benefits and the transferability of skills.

Client Attitudes: Interviews with stakeholders identified a number of factors regarded by rehabilitation experts as impacting on successful reintegration into the workforce and on employment opportunities for people with disabilities. Above all, there is widespread agreement among stakeholders that the most important factors to consider in predicting successful rehabilitation are less tangible elements such as motivation, desire to return to the workforce, confidence and family support. High motivation is seen as a substantial positive factor in overcoming other barriers to employment, and this may explain to a large extent the difficulty in predicting rehabilitation potential solely from objective and measurable factors.

Demographics: Generally, stakeholders also pointed to demographic factors such as age, education and region as the key determinants of successful rehabilitation. Older workers, it was argued, are more likely to use PDI as a bridge to retirement or to consider that they have permanently withdrawn from the labour force. Low education levels reduce the range of occupations suitable for disabled individuals, because of the fact that less physically demanding jobs such as clerical and other office-type occupations often have higher education requirements. Regional differences were seen as important because of variations in employment rates and job opportunities, across the country.

Vocational Profile: Other than these behavioural and demographic factors, rehabilitation experts

often rely on the vocational profile of clients to evaluate their chance of returning to the workforce. Beneficiaries with a consistent work history and who recently withdrew from the workforce are seen as better candidates for rehabilitation because of their stronger or more recent attachment to gainful employment. Non-reliance on other public benefits was also seen as an important predicting factor, because of patterns of public support dependency among recipients of multiple benefits, and greater financial insecurity. However, receipt of LTDI or WCB payments could indicate closer links to a former employer, thus increasing opportunities for returning to work.

While it has been the object of little empirical research, the concept of transferable skills is also well established in the field of vocational rehabilitation. The transferability of skills refers to the ability to move "from one occupation to another occupation in a related or different field of work, where skills and knowledge learned in the first occupation can be applied without the need for extensive training".[44] Assessing transferable skills is a crucial element in the rehabilitation assessment process.

Finally, certain medical conditions were also identified as representing particularly significant obstacles to rehabilitation. Those conditions included chronic fatigue, chronic pain, fibromyalgia, and severe mental disorders.

3.3.3 Survey Results

Findings: Survey results showed significant correlation between successful completion of rehabilitation plans among NVRP clients and such factors as: (i) fewer and less severe activities limitations and fewer needs for assistance with daily living, (ii) attempts to find employment while on CPPD, (iii) non-receipt of dependent child benefits; and (iv) reported potential for rehabilitation.

Descriptive Analysis: A descriptive analysis was conducted to identify factors related to the successful completion of the NVRP. The analysis is based on a number of cross-tabulations comparing NVRP clients who successfully completed their rehabilitation plan and those who did not. As such, results are indicative of factors related to the successful completion of the project among NVRP clients.[45] Results are presented in Display 8.

Among a list of 13 indicators in the NVRP client survey, only four were correlated with successful completion of the project in this first analysis. The first factor showing correlation with success in this analysis was the receipt of dependent child benefits, with successful NVRP clients being much less likely to receive this benefit than unsuccessful clients. This finding could be interpreted in one of two ways: (i) receipt of dependent child benefits could act as a financial disincentive; or (ii) family obligations may require some NVRP clients to leave the project before successful completion of their rehabilitation plans.

Another indicator showing correlation with success was prior attempts to find employment by survey respondents while receiving CPPD. NVRP clients who completed their rehabilitation plans were significantly more likely to have made attempts to find work prior to the NVRP than those who were unsuccessful in the rehabilitation plans. This finding is interesting as it constitutes an "objective" factor, largely tied to motivation, which can be collected relatively easily.

The third factor correlated with successful rehabilitation was clients' self-reported potential for returning to the workforce. The last variable showing correlation was an indicator related to the number and extent of reported activities limitations, and the number of reported needs for assistance

by survey respondents. This indicator showed substantial correlation, with clients having completed their rehabilitation plans being much more likely to have lower levels of limitations than those who did not complete their rehabilitation plans (a difference of 33 percent).

Display 8
Correlates of Successful Rehabilitation

	NVRP Completion (n=92)	NVRP File Closure (n=164)
Years of Age		
Less than 35 years old	23.3%	21.3%
Between 35 and 49 years old	62.2%	60.4%
More than 50 years old	14.4%	18.3%
Gender		
Male	64.8%	59.3%
Female	35.2%	40.7%
Population of City/Town Residing in		
Rural or small urban area	55.6%	59.7%
Large urban centre	44.4%	40.3%
Highest Level of Education		
No post-secondary education	52.7%	46.0%
Some post-secondary education	47.3%	54.0%
Pre-Disability Earnings		
Less than 25k	39.7%	50.4%
25k or more	60.3%	49.6%
Number of Years out of the Workforce		
Less than 5 years	34.8%	30.5%
5 years or more	65.2%	69.5%
Total Monthly Benefit from CPP		

Less than $700	47.6%	45.6%
$700 or more	52.4%	54.4%
Receipt of Dependent Child Benefits*		
Yes	30.0%	43.0%
No	70.0%	57.0%
Looked for Job Since Receiving CPP Benefits*		
Yes	55.7%	40.1%
No	44.3%	59.9%
Worked Part-Time/Occasionally While on CPP		
Yes	21.1%	13.7%
No	78.9%	86.3%
Self-Reported Potential to Return to Work *		
High potential	36.8%	17.3%
Medium potential	28.1%	16.0%
Low potential	35.1%	66.7%
Number of Reported Barriers to Employment		
0 to 2 barriers to employment	78.3%	67.7%
3 or more barriers to employment	21.7%	32.3%
Number of Activities Limitations/Needs for Assistance*		
Few limitations/needs	43.5%	11.0%
Several limitations/needs	33.7%	46.3%
Many limitations/needs	22.8%	42.7%

* Statistically significant at 0.05 level.

Other Factors: A number of factors which are associated in the literature with successful vocational rehabilitation (age, education, length of time out of the workforce, etc.) were not apparently correlated with completion of the NVRP in this simple view of the survey results. Two factors could explain

these results. First, it appears very likely that selection criteria for the program have already significantly weighted these characteristics and have thus substantially reduced their impact in the above analysis. This explanation seems particularly plausible in light of reported selection criteria for the project. The second explanation is related to statistical limitations of this study, particularly the small number of clients who had a completion status (either "ceased" CPPD benefits or "closed" NVRP file) at the time of the survey.[46]

Regression Analysis: To provide further information on this issue, a multiple regression analysis was conducted to identify predictors of *successful return to work* among CPPD beneficiaries who responded to the survey. All survey respondents (including respondents from the comparison group) were included in the analysis. The variables used to predict return to work included: participation in the NVRP (i.e. NVRP clients or comparison sample), age, gender, education, length of time on CPPD, receipt of dependent child benefit, level of pre-disability earnings, activities limitations and needs for assistance and the receipt of other benefits. Complete results of this somewhat exploratory analysis are reported in Appendix B.

A number of interesting findings resulted from this analysis. First, **participation in the NVRP** was highly correlated with successful return to work, despite the fact that broad selection criteria were controlled in the analysis. This suggests that the NVRP had the expected impact in aiding participants to return to work.

Other factors which emerged as good "predictors" of return to work were: (i) **education**: showing the expected correlation between higher education levels and increased likelihood of reintegrating into the workforce; (ii) **activities limitations and needs for assistance**: respondents reporting fewer activities limitations were more likely to return to work; and (iii) **length of time on CPPD**: showing a surprising correlation between successful return to work and longer period of time on CPPD (the issue of early intervention is discussed in Section 3.2.4).

3.3.4 Conclusion

Evidence from the literature and stakeholder interviews is generally supportive of the client selection criteria, with research studies and numerous rehabilitation experts pointing to factors such as age, education, benefit levels and receipt of other benefits and (above all) motivation as "good" predictors of vocational rehabilitation. Survey results also support the hypothesis that education is a determinant of successful rehabilitation.

Survey results also point to some additional factors to be taken into account in predicting successful rehabilitation. The results show correlation between successful completion of the project and factors such as fewer activities limitations, fewer needs for assistance and attempts to find work while on CPPD. Somewhat surprisingly, longer periods on CPPD benefits are correlated with successful return to work. Finally, these survey results suggest that participation in the NVRP has a significant impact on subsequent employment, even when broad selection criteria are controlled for.

3.4 Incentives/Disincentives and Voluntary Participation

The NVRP is often perceived as a voluntary program, to the extent that failure to participate will not result in immediate termination of benefits, although it is sometimes followed by a reassessment of the beneficiary's eligibility. Despite this "voluntary" aspect of the project, numerous stakeholders are of

the opinion that a minority of clients perceive their participation in the project as "compulsory" to the extent that they believe their benefits will be terminated if they refuse to participate. This point is corroborated by the survey results presented below.

3.4.1 Self-Reported Reasons for participating or not Participating in the Project

Findings: Survey respondents indicate that the desire to reintegrate into the workforce is their main motivation for participating in the project, while heath-related concerns are frequently reported to explain non-participation. Surprisingly, purely economic considerations are not predominant.

Participation in the NVRP: The survey asked respondents to indicate their main reason for seeking to participate in the NVRP , among a list of four broad response categories. Complete results are reported in Display 9.

By and large, clients indicate that their main reason for participating in the NVRP is their desire to reintegrate into the workforce (67 percent). Only a minority indicate that the need to increase personal income or independence is the primary factor in their decision to undertake vocational rehabilitation (6 and 8 percent respectively). Responses also demonstrate, however, that a minority of participants accept vocational rehabilitation because they feel compelled to do so in order to preserve their disability pension. Overall, about 8 percent of survey respondents indicate that they have decided to participate in the NVRP for that reason.

The fact that so few beneficiaries point to financial factors as the main consideration in their decision to participate in the NVRP is somewhat surprising, especially in light of evidence in the United States that economic factors are the driving force in encouraging DI beneficiaries to attempt a return to work.[47] This could reveal interesting differences between the Canadian and American experiences, perhaps suggesting that the benefit structure of the CPPD program in Canada makes economic considerations less of a concern in the decision of CPPD beneficiaries to return to work, and makes motivation to work for intrinsic reasons more prominent.[48]

Display 9
Reasons for Participating or Not Participating

	NVRP Clients	Comparison Group
Main Reason for Participating in NVRP (n=242)		
Wanted to re-enter the workforce	67.2%	
Wanted to increase income	6.1%	
Wanted to increase independence	8.4%	
Felt obliged to participate to keep pension	9.9%	
Other (see Appendix D)	8.4%	
Main Reason for not Participating in NVRP (n=62)		
Not contacted by CPP		22.6%

Limited job opportunities		1.6%
State of health did not permit		58.1%
Attempted voc. Rehab., but it failed		3.2%
Lack of adequate support services		1.6%
Other (see appendix d)		12.9%
Reasons for Withdrawing (N=63)		
Didn't want to lose CPP	14.3%	
Too physically/mentally demanding	44.4%	
Services needed not available	19.0%	
Family responsibilities	12.7%	
Lack of transportation	14.3%	
Inadequate support from the NVRP	15.9%	
Services provided not satisfactory	19.0%	
Lack of motivation to complete the program	6.3%	
Other (see Appendix D)	52.4%	

Non-Participation in the NVRP: Most survey respondents who were offered rehabilitation services but refused to participate indicated that health reasons were the main factor in their decision. The same type of answers were provided by participants who withdrew during the course of the project. The majority of respondents indicated that the project was too physically or mentally demanding for them. Other reasons such as the lack of required support from the project or other sources were reported by a minority of respondents. A few respondents indicated that they withdrew from the project because they did not want to lose their benefits.

3.4.2 Can the Voluntary Aspect Explain Lower than Anticipated Enrolment?

Findings: Project data do not support the view that the voluntary nature of the project has resulted in a substantial number of suitable candidates opting out of the project. This is supported by survey results showing that financial indicators were not correlated with participation in the NVRP.

In attempting to explain lower than expected project enrollment, it has been suggested by some stakeholders that explicit marketing of the NVRP as voluntary may have resulted in a significant proportion of suitable candidates opting out of the project.

Need for Better Project Statistics: Examining this issue is made difficult by the fact that project data may not fully capture the extent to which voluntary opting out from the project may have impacted on the level of enrollment. Indeed, administrative records indicate very low levels of refusals to participate in the program. Within a sample of 300 "rejected" files reviewed for this evaluation, no

indications were found of a refusal to participate in the project as the reported rationale for not selecting the beneficiary as a suitable candidate for rehabilitation.

The most often reported reasons for rejecting candidates related to the medical instability of beneficiaries or severe barriers to employment. The administrative code used to record a refusal to participate in the project was not used once in the sample of rejected files reviewed. Evidence from interviews with project staff suggests that a number of potential candidates who do not wish to participate in the program may state other reasons in order to avoid a reassessment of their eligibility for CPPD benefits.

Survey Results: To test this possibility, a number of survey indicators were examined. It was hypothesized that if voluntary opting out had been a major cause of lower project enrollment, financial disincentives would by and large be the most significant factor in discouraging CPPD beneficiaries from participating.

The analysis involved the comparison of survey responses on key variables between NVRP clients and the comparison group of CPPD beneficiaries who either were not selected for participation in the NVRP or refused to participate. Results from this analysis are presented in Display 10. Overall, variables related to financial factors did not show statistically significant variations between the two groups. The overall similarity in the financial portrait of project clients and the comparison group is probably the result of project characteristics, such as the mechanism for selecting participants.

Display 10
Incentives and Disincentives to Participate

	NVRP Clients (n=448)	COMPARISON GROUP (n=222)
Total Monthly Benefit from CPP		
Less than $700	44.3%	41.0%
Between $700 and $999	43.8%	42.5%
More than $1,000	11.9%	16.5%
Receipt of Dependent Child Benefits		
Yes	39.5%	46.5%
No	60.5%	53.5%
Receipt of Other Benefits		
WCB	8.3%	9.9%
Social Assistance	20.5%	14.9%
Private LTDI	18.5%	19.8%

None of the above	53.3%	56.8%
Pre-Disability Earnings		
Less $20,000	27.3%	25.1%
Between $20,000 and $39,999	37.2%	36.5%
$40,000 or more	35.4%	38.4%
Total Household Income in 1996		
Less than $20,000	43.6%	37.2%
Between $20,000 and $39,999	32.4%	35.1%
$40,000 or more	24.0%	27.7%
Other Household Persons Currently Employed		
Yes	46.9%	50.0%
No	53.1%	50.0%

* Statistically Significant at 0.05 Level.

As explained above, the comparison group was essentially composed of CPPD beneficiaries whose files were reviewed for participation in the project, but who were rejected at some point in the process. Thus, factors explaining non-participation in the project could not be primarily attributable to behavioural responses to the project (incentives or disincentives to participate) and may more properly be the result of other factors (such as rehabilitation potential).

This hypothesis seems partly warranted by looking at other factors reported in Display 2 (see page 29). Overall, variables related to the functional and vocational profiles of CPPD beneficiaries differed significantly between the group of "selected" and "non-selected" candidates. Thus, project clients were less likely to report activities limitations and needs for assistance than the comparison group or the overall population of CPPD beneficiaries. Overall, survey results do not point to financial disincentives as one of the major causes for low enrollment in the project.

Regression Analyses: To test this hypothesis further, a multiple regression analysis was conducted to determine whether non-participation in the project was correlated with any of the above economic indicators. The results are consistent with the cross-tabulations presented in Display 10. While factors such as activities limitations and need for assistance were correlated with project participation, indicators related to financial incentives did not shown any significant correlation (Full results are presented in Appendix B).

3.4.3 Should Rehabilitation be Made Compulsory?

Findings: Stakeholder interviews provided varying views on the desirability of making participation in vocational rehabilitation mandatory. It was noted, however, that the voluntary aspect of the NVRP may have sent confusing messages to project clients, reinforcing the belief that the NVRP would provide an opportunity to effectuate career changes.

Stakeholders are divided on the issue of whether participation in rehabilitation should be made compulsory. Several case managers report that there is a need to fully enforce CPP regulations in a limited number of cases to ensure that some beneficiaries with high rehabilitation potential make reasonable efforts to return to the workforce. It was pointed out that most private insurance carriers require their recipients to undertake vocational rehabilitation to preserve their benefits.

Rehabilitation consultants have mixed views on the issue. Several consultants interviewed as part of the project pointed out that motivation is the most important factor for successful rehabilitation and, as such, a compulsory project would not be as effective. Some rehabilitation consultants noted that NVRP clients are generally more motivated than most of their other clients and that this is largely attributable to the voluntary nature of the project. On the other hand, other consultants noted that strong incentives had to be built into the project to ensure sufficient commitment on the part of clients. From this perspective, compulsory participation may provide the necessary impetus for having clients "on board", when they know that their benefits will eventually be terminated.

A related issue is the need to examine the message conveyed by a rehabilitation function presented as voluntary, and the fact that some participants may have been mistaken in thinking that NVRP was an opportunity to further career-related options and opportunities. This issue will be discussed further in Section 3.6 in relation to survey responses on the level of personal goals achievement of NVRP participants.

3.4.4 CPPD Rehabilitation Mission and Participation Incentives

Findings: Participation in rehabilitation is likely to be largely influenced by the communications of project objectives and the range of incentives designed to alleviate fears on the part of potential project participants. In this sense, it is important to contextualize the CPPD rehabilitation mission and to provide for rehabilitation measures which emphasize the principle of gradual disengagement on the part of the CPPD.

While project data and survey results did not generally indicate that financial considerations are prominent in the decision to participate in the project, this is not to suggest that creating greater incentives for participation in vocational rehabilitation is not a desirable objective. On the contrary, most stakeholders interviewed as part of this evaluation pointed to "fears" on the part of participants as one of the most significant barriers to successful vocational rehabilitation. This fear felt by project participants extends largely beyond simple cost-benefit considerations and relates to the clients' lack of confidence in their capacity to return to regular employment and in the need to clarify the rehabilitation Display 11

Display 11
Client Status and Rehabilitation Costs Per Contractor

(As of March 31, 1996)

Contractors	In Progress	Successful Completion	NVRP File Closure	Under Appeal	Success Rate[51]	Average Cost Per Client
- A -	11	15	13	2	54%	$3,156
- B -	42	10	11	0	48%	$2,786
- C -	12	30	32	1	48%	$4,756
- D -	17	9	19	0	32%	$6,065
- E -	11	23	30	0	43%	$3,040
- F -	2	3	22	0	12%	$7,253
- G -	25	15	19	1	44%	$4,087
- H -	3	3	5	0	38%	$2,426
- I -	59	34	66	1	34%	$3,525
- J -	25	19	20	1	49%	$2,085
- K -	20	18	22	1	45%	$2,559

Very satisfied 51.1% Adequate 16.4% Not satisfied 32.4% **Satisfaction Overall with the NVRP** Very satisfied 38.3% Adequate 18.5% Not satisfied 43.2% **NVRP Completion**
(n=68) Rehab in Progress
(n=102) NVRP File Closure
(n=62) Satisfaction with Rehab Consultant Very satisfied 37.5% 62.2% 48.3% Adequate 14.1% 21.4% 10.3% Not satisfied 48.4% 16.3% 41.4% **Satisfaction Overall with the NVRP** Very satisfied 35.4% 52.5% 17.9% Adequate 16.9% 18.2% 21.4% Not satisfied 47.7% 29.3% 60.7%

Third Party Delivery System: The very nature of the third party delivery system reduces considerably the number of direct contacts between NVRP staff and its clientele. This feature amplifies the need for NVRP to ensure that rehabilitation consultants maintain adequate communications of project goals, policies and rationale for decisions throughout the rehabilitation process.

Some data seem to indicate that this element has often been overlooked. More specifically, it is interesting to note that clients who did not complete their rehabilitation plan (closed cases) were the most critical of the project as a whole (only 18 percent were generally satisfied), but demonstrated

relatively high levels of satisfaction with rehabilitation contractors (48 percent reported high satisfaction). This seems to indicate that some consultants may not have clearly fulfilled their role of communicating and explaining decisions made at the project level and that this situation has resulted in many clients blaming the NVRP for failure to complete their rehabilitation plans.

These communications problems should be seen as a major concern for the NVRP , as an erosion of the project's credibility would have serious implications for future enrollment efforts or on strategic planning. In the current context of a third party delivery system, however, the ability of the project to implement corrective measures is limited by the fact that most project communications are conducted by outside consultants.

3.5.6 Conclusion

The evaluation does not clearly indicate whether external contracting has been a positive or a negative feature of the NVRP. Future policy decisions will have to consider the advantages and disadvantages of this system, in view of the broader context of government downsizing and a greater reliance on the private sector to deliver public services.

The current system clearly raises a number of concerns that will have to be addressed if the project is continued as currently implemented. These concerns include the need for better monitoring mechanism to prevent unwarranted variations in costs and quality of services among contractors. An equally important concern is the need to improve the communication of objectives and goals between the project and its clientele.

Policy decisions on the future of the current NVRP delivery system will be aided by a research project currently being completed in the United States. This project will test the effectiveness of four different types of delivery models through the use of experimental research methods. Preliminary results from this project are expected to be available soon and could provide useful additional information for future planning at CPPD.[52]

3.6 Effectiveness of Services

The NVRP provides a wide range of services to assist beneficiaries in returning to regular employment. The project has demonstrated flexibility in the types of services covered, with client needs being evaluated on an individual basis. The range of services provided include: vocational rehabilitation needs assessments, job search assistance, upgrading programs, formal educational courses, provision of assistive devices and follow-up after job placement.

3.6.1 Self-Reported Assessments

Findings: Clients' self-reported assessments of the effectiveness of rehabilitation interventions are generally low, but other research underlined the limitations of such measures in determining the impacts of vocational rehabilitation. These low ratings can also be seen as an indication that clients perceived that they had more extensive rehabilitation needs than were addressed.

The effectiveness of services and interventions was examined from self-reported indicators of helpfulness in the client survey. Respondents in the client survey were asked to indicate which services they received as part of the project and how helpful these services were in assisting them to

return to regular employment. Percentages on the helpfulness of services are based on responses from service users only.[53]

Type and Helpfulness of Interventions: Survey results show that *evaluation services* such as: aptitude and interest testing (53 percent), evaluations of physical capabilities (53 percent) or analyses of current skills and education (62 percent) were received by a majority of NVRP clients. This is consistent with information on project functioning to the effect that initial assessments of rehabilitation potential are conducted for all NVRP clients. Work site analysis was reported for only about one third of survey respondents. Overall, these services were found to be useful by about one third of service users, with the exception of analyses of current skills and education which was reported to be useful by about 46 percent of service users.

Job search services such as resumé preparation (35 percent), training in job search techniques (28 percent), and job search assistance (38 percent) were reported to be used by about one third of survey respondents. Among these services, resumé preparation assistance was found to be the most helpful (45 percent), with the two other types of services being found helpful by less than one third of service users.

The provision of *training and skills upgrading* services were reported by less than one third of survey respondents. Short-term retraining was the most frequently used service of this category (29 percent), followed by formal education courses (27 percent), on-the-job training (24 percent) and high school upgrading (21 percent). Among these services, formal education courses was by far the most highly rated (58 percent) in terms of helpfulness, followed by short-term retraining (38 percent). High school upgrading was found to be helpful by about one third of service users, while on-the-job training received a relatively low rating (24 percent).

Finally, *other services* such as physical conditioning programs and provision of assistive devices were reported to be used by relatively few clients (17 percent and 18 percent respectively), and received the lowest ratings of all services evaluated (10 percent and 11 percent of service users found them helpful). On the other hand, follow-up after job placement was reported by about 44 percent of NVRP clients and was found to be helpful by some 38 percent of service users. Complete results are presented in Displays 13 and 14 (next pages).

Observations: Overall, ratings of helpfulness of NVRP rehabilitation services were relatively low, reflecting concerns on the part of NVRP clients with the usefulness of services received in helping them return to the workforce. These concerns may reflect the fact that some clients perceived that they had extensive rehabilitation needs and, in comparison, little potential for rehabilitation (see pages 17 and 18). It may also indicate that many clients did not fully understand that the goal of the NVRP was to provide basic entry-level skills, rather than to train clients for an occupation of their choice.

Display 13
Use of Services

	NVRP Clients (n=242)
Types of Services Reported	
Aptitude/interest testing	52.9%

Evaluation of physical capabilities	52.9%
Analysis of current skills/education	61.6%
Work site analysis	30.6%
Resume preparation	35.1%
Training in job search techniques	28.1%
Job search assistance	37.6%
On-the-job training	23.6%
High school upgrading	21.1%
Short-term re-training	28.5%
Formal education program	27.3%
Physical conditioning program	16.5%
Provision of assistive devices	18.2%
Follow-up after job placement*	44.1%
None of the above	13.2%

* Includes Only Respondents who Completed the NVRP (n=68).

Other Research: American research on the effectiveness of their Vocational Rehabilitation (VR) system has demonstrated the limitations of self-reported assessments to measure the effectiveness of rehabilitation services. The 1992 New Beneficiary Follow-up Survey examined the issue of the effectiveness of rehabilitation measures for DI beneficiaries. Respondents were asked to report what types of services they had received, and whether these services had helped them in returning to work.[54]

Display 14
Satisfaction with Services

	NVRP CLIENTS (n=242)
Services Reported to Be Helpful by Users	
Aptitude/interest testing	31.7%
Evaluation of physical capabilities	35.2%
Analysis of current skills/education	45.8%

Work site analysis	31.0%
Resume preparation	44.6%
Training in job search techniques	24.6%
Job search assistance	22.5%
On-the-job training	23.6%
High school upgrading	33.3%
Short-term re-training	38.2%
Formal education program	57.8%
Physical conditioning program	10.0%
Provision of assistive devices	11.4%
Follow-up after job placement	37.9%

N.B. Percentages Are Based on the Number Respondents Who Used the Services.

Overall, this American research indicated that, when services were not immediately tied to employment outcomes, fewer respondents reported them to be helpful. Thus, services such as physical therapy (24.0 percent) and vocational training (47.8 percent) were found to be helpful by less than half of service users. On the other hand, services with more immediate employment outcomes such as job counselling (50.0 percent) and job placement (68.2 percent) received better assessments. General education (52.0 percent) was also reported to be helpful by more than half of service users.

Regression analyses were, in the American research, conducted to determine whether respondents reporting certain types of services had higher tendencies to return to work. Despite low self-reported assessments for some services, all types of interventions (with the exception of job counselling) were found to increase work tendencies among DI beneficiaries. Job placement and vocational training had the highest tendency ratios, although this latter service received relatively low self-reported assessments.

These results are indicative of the fact that vocational services are generally effective, and that self-reported assessments may not always be an adequate measure of effectiveness. When services are not directly tied to employment, respondents tend to underestimate the impact of the intervention on their ability to work.

3.6.2 Success in Reaching Personal Rehabilitation Goals

Findings: Respondents to the NVRP client survey did not generally report high levels of achievement of their personal rehabilitation goals. This could indicate that many participants had unrealistic expectations about the project and may have misunderstood its objectives.

Consistent with low ratings on the helpfulness of services offered, NVRP clients reported negatively on the level of personal goals achievement as a result of the project. Overall, less than one third of survey respondents considered that they had reached their rehabilitation goals. While wide variations were expected among the different client status for this variable, the proportion of participants who completed their rehabilitation plans and reported successful achievement of personal rehabilitation goals was only slightly higher (36 percent) than the overall population of NVRP clients. On the other hand, participants who did not complete their rehabilitation plan reported much lower levels of goals achievement (10 percent), consistent with the fact that services were stopped during the course of their rehabilitation plan.

These results provide further indication that NVRP clients may have had unrealistic expectations about the project and its goals. As mentioned above, NVRP was designed to provide entry-level skills, and this objective is consistent with the CPPD mission of providing benefits only to disabled people with no earnings capacity beyond a minimum threshold of earnings. Many CPPD beneficiaries, however, may have entered the project with different expectations, seeing an opportunity to acquire skills to further their career options or choices.

Display 15
Personal Goals Achievement

	Clients (n=242)
Level of Success in Reaching Rehab. Goals	
Very successful	30.6%
Adequate	17.7%
Not successful	51.7%

This raises (once again) the question as to what kind of expectations can a rehabilitation function within CPPD create in relation to participants. The CPPD mission would appear to be inconsistent with rehabilitation measures which would go beyond the minimum entry-level skills, but is it realistic to expect beneficiaries to fully participate in a process with these limited objectives, especially in the context of a voluntary program? These issues may help explain to a large extent the mixed attitudes of clients in relation to the project, and the fact that some participants seem to have been disappointed by the outcome of their participation.

3.6.3 Conclusion

Overall, clients' self-reported ratings of helpfulness of NVRP services are relatively low, but this is not seen as an indication that the project is not effective in returning beneficiaries to work. Future research on the effectiveness of project participation will have to rely on multivariate analyses or experimental study design to provide definitive answers on this issue. The sample size limitations of this study did not allow for such analyses.

Other data show that a majority of beneficiaries whose benefits were ceased as a result of their

participation in the NVRP found employment. This, in itself, would tend to indicate that vocational rehabilitation was useful in returning people to work, considering the very low level of CPPD beneficiaries who return to work without assistance.

Low ratings of helpfulness of NVRP and low percentages of participants who indicated having reached their personal rehabilitation goals seem to indicate, however, that many clients had unrealistic expectations about the project. The NVRP goal of providing entry-level skills may be inconsistent with its voluntary nature, as many participants perceived their enrollment in the project as an opportunity to make or support career changes or development. This is supported by the fact that educational courses were the type of services receiving the highest rating among NVRP participants.

3.7 Integration

Findings: The number of cost-sharing agreements with other service providers concluded as part of the NVRP has been relatively low. This finding stands out in light of survey data indicating that the number of NVRP clients receiving co-benefits with other disability insurance providers (WCB, LTDI) was substantial. This situation can be attributed to the inadequacy of current guidelines and policies for concluding cost-sharing agreements which result in time-consuming negotiations with other providers.

The integration of rehabilitation services offered as part of CPPD has been a concern for NVRP administrators since the beginning of the project. Policies have been in existence since the outset of the project to facilitate cost-sharing agreements with other disability insurance (LTDI, WCB) or rehabilitation service providers (VRS). Unfortunately, a number of factors may have impeded these efforts, such as uncertainty about the future of the project and a lack of understanding of the NVRP among rehabilitation partners.

Current Situation: Administrative data indicate that, despite the goal of complementarity among service providers, only a handful of cost-sharing agreements were concluded as part of the NVRP. The review of administrative files conducted for this evaluation showed that only about 3 percent of files resulted in a cost-sharing agreement with another service provider.

These results are all the more surprising in light of survey results indicating a large "market" for such agreements among NVRP clients (Display 16). Results demonstrate that more than half of all NVRP clients report being in receipt of at least one co-benefit. About 21 percent of clients reported receiving welfare payments in addition to their disability benefits. LTDI was the second most prominent co-insurer, with about one-fifth of all respondents reporting being in receipt of payments from private insurers. A smaller number of clients indicate also receiving WCB or automobile insurance payments.

Display 16
Receipt of Other Benefits

	NVRP Clients (n=448)
Receipt of Other Benefits	
WCB	8.3%

Social Assistance	20.5%
Private LTDI	18.5%
Automobile accident insurance	2.7%
Retirement pension	2.0%
Other (see Appendix D)	9.4%
None	43.8%

Interviews With Stakeholders: A number of interviews were conducted with rehabilitation partners (LTDI, WCB, VRS) who collaborated with NVRP staff either through cost-sharing agreements or in providing key information and support for the implementation of the NVRP. However, it was found that rehabilitation partners are generally poorly informed about the functioning of the NVRP, although they are supportive of integration efforts between different service providers.

However, while partners are generally in favour of greater integration, they pointed out that rehabilitation goals for different service providers are often different and not easily reconciled with each other. Private insurers provide partial disability payments and must often supplement employment earnings up to the pre-disability level for the first two years of compensation (see page 9).

This makes their rehabilitation goals different from the entry-level skills objective of the NVRP. Representatives of private insurance carriers also note that they do not necessarily see it advantageous (cost-wise) to rehabilitate clients in receipt of CPPD, because once terminated from the CPPD program, they may still be required under their insurance policy to augment the client's earnings up to the pre-disability wage for a certain period.[55]

Also, it was noted that partnerships require a lot of flexibility between different providers in order to avoid duplicate case management structures. Each provider wants to preserve a certain degree of control over the rehabilitation process, and this may be difficult to operate in a cost-effective manner. A related concern noted by private insurers had to do with the confidentiality of information in CPPD client files. In the context of a partnership, information sharing may be an essential component for the development of effective procedures for integrating services. This goal, however, is impeded by strict confidentiality requirements in the CPP legislation.

Conclusion: These difficulties can result in time-consuming negotiations and become frustrating for clients who see their rehabilitation plan delayed pending the conclusion of an agreement between co-insurers. Also, these concerns are likely to make cost-sharing agreements less cost-effective than expected.

This may point to the need for CPP to develop a clear policy on the type of partnership agreements which will be approved and the degree of control and monitoring that will be preserved by CPPD staff. A possible alternative discussed in Section 5 of this report is the establishment of framework agreements with specific service providers, which would facilitate integration of services for all co-insured clients.

3.8 Resources

Findings: The NVRP has operated within its budgetary targets, partly because of lower than anticipated enrollment. As a rule, total project costs for a client are currently recovered within two years of a successful completion of rehabilitation, thus indicating that potential cost-savings for CPPD as a result of NVRP could be substantial.

As mentioned above, the NVRP was originally given a $6 million commitment for the 5-year duration of the project. The target number of clients to be served over the duration of the project was 1,000. Actual enrollments were significantly lower, with 623 clients participating in the NVRP in the 1993-96 period.[56]

Project Expenditures: Project data indicate that the costs of the project over the three-year operating period total about $3.5 million.[57] Of these costs, about 65 percent was spent on rehabilitation costs[58], 35 percent on staffing for the Rehabilitation Unit; and about 5 percent on overhead. The total number of NVRP clients served (as of the end of the fiscal year 1995-96) was 623, about 36 percent of whom were still in receipt of rehabilitation services and would require further expenditures before completion of their rehabilitation plan.

Given the large number of clients in progress, the precise cost per client for the project could not be determined at the time of writing. Display 17 shows an estimate covering only the clients with a completion status (either "closed" or "ceased" cases). Salary and overhead costs were amortized over the total number of clients involved in the project (623 clients), thus underestimating slightly the real management costs per client of the project, because of additional costs to be incurred for clients still in progress at the time of the study.

Display 17
Estimated Costs Per Client
(As of March 31, 1996)[59]

Status	Number of Clients	Rehabilitation Costs Per Client	Management Costs Per Client (Estimates)	Total Costs Per Client
Ceased	160	$4,739	$1,942	$6,681
Closed	231[60]	$3,175	$1,942	$5,117
Total	391	$3,815	$1,942	$5,757
Total Costs Per Rehabilitated Client:[61]				**$14,069**

From these estimates, it appears that the total costs per client for the project ($5,757) have been slightly lower than projected ($6,000). There has been no indication in interviews with project staff that cost constraints would have impacted on the number of clients enrolled. Overall, it would appear that the project has met its budgetary target, and lower than expected enrollment could be attributed to other factors, such as inadequacies in the client selection process (as discussed above).

The results show that total costs per client whose benefits were terminated after successful completion of a rehabilitation plan ($14,069) was less than twice the amount of the average annual pension ($8,760) received by NVRP clients (as reported in the survey, see page 17 and 18). Thus, with current project expenditures, total project costs per rehabilitated client are recovered on average within two years after a client successfully completes rehabilitation.

Some Comparisons: Data on the rehabilitation costs per client are probably the best indication that the NVRP has been targeted to the "cream of the crop" in terms of the population of suitable candidates. Rehabilitation costs of about $3,000 (and even total costs of about $6,000) per client appear particularly low, especially in relation to the average annual pension of $8,760 paid to NVRP clients and potential cost-savings from the rehabilitation of NVRP clients.

While not perfectly comparable, data from the United States indicate that total costs per rehabilitated client in the 1991-93 period has totaled approximately US $10,000.[62] This amount represents only the costs of providing rehabilitation services, and does not include other costs incurred by the SSA (such as work-incentives provisions). The American system provides rehabilitation services through a system of Vocational Rehabilitation (VR) agencies administered by the states. Rehabilitation costs are reimbursed by the Social Security Administration (SSA) only if the rehabilitation is considered to be successful. Thus, no costs are incurred when beneficiaries are not successfully returned to work for a period of at least 9 consecutive months.

Longer-Term Rehabilitation Outcomes: One of the obvious limitations of this study is the fact that it is not possible to determine the longer-term rehabilitation outcomes of the NVRP. This information, however, will be critical for future planning in order to determine the cost-savings of vocational rehabilitation at CPPD and the optimal size of a rehabilitation function. Other research on the topic, however, may be indicative of the potential outcome of vocational rehabilitation at CPPD.

Dykacz and Hennessey (1989) studied the post-recovery experience of a cohort of DI beneficiaries in the United States which were first entitled to DI benefits in 1972. With data extending over a 14 year period (1972-86), the researchers examined the experience of a sample of DI beneficiaries who eventually right the disability rolls from the time of their recovery (either medical or work recovery) up until they either returned to the disability rolls, died or retired. Mathematical models were used to project post-recovery outcomes for the complete cohort of 1972 beneficiaries.

Overall, the research estimated approximately 11 percent of beneficiaries who were first entitled to DI benefits in 1972 would eventually recover and leave the disability rolls. Of these beneficiaries, about 43 percent would eventually return to the disability rolls, while about 52 and 5 percent would respectively retire or die without ever returning to the disability rolls.

Moreover, the research estimated that among the proportion of beneficiaries who would return to the disability rolls, 25 percent would return to the DI rolls within two years, another 25 percent between the second and fifth year after recovery and another 25 percent between the fifth and fourteenth year after recovery. The median length of time before re-entitlement was estimated to be five years, while the mean time was estimated to be 9.3 years.

It should be noted that the above findings are not solely based on vocational rehabilitation cases, but include all beneficiaries whose benefits were terminated for the specific cohort studied. Nonetheless, if similar outcomes are achieved by NVRP, cost-savings from the project would be significant.

Optimal Rehabilitation Function: The lack of reliable data does not allow for an adequate estimate of the optimal size of a rehabilitation function as part of the CPPD. This information gap is seen as an important concern for future planning, as there is a lot of uncertainty remaining about the adequate amount of resources to be invested in a continuing rehabilitation initiative.

Data presented above, however, suggest that the current rehabilitation project could be expanded in accepting more clients (even with greater rehabilitation needs) without jeopardizing the financial soundness of the project. An expansion of the rehabilitation function would require careful monitoring, however, because of the potential for a rapid escalation of costs when clients with greater needs are included in the project.

Conclusion: Overall, these data indicate that the project has not faced significant cost constraints and that lower than expected enrollment in the project should be attributed to other factors, such as the need for improvements in the client selection system (as discussed above). Project expenditures have generally been on target, and the relatively low costs of rehabilitating clients in the project would suggest that there still is a good "market" for rehabilitating more CPPD beneficiaries, even if the needs of these clients and costs incurred by CPPD were greater.

Many uncertainties remain about the "true" potential cost-savings of a rehabilitation component as part of the CPPD. This is primarily due to the fact that longer-term impacts cannot be assessed at this point so the need for tracking certain project outcomes, such as the capacity of former participants to sustain employment in the longer-term, is an important data need for future analysis.

TABLE OF CONTENTS

4.0 NVRP Impacts

The impacts of the NVRP can be observed at different levels, some of which relate directly to the stated objective of the project (caseload management, independent living) while others relate to broader public policy considerations (impact on other programs, public perceptions, etc.).

4.1 Caseload Management

4.1.1 Termination Rates

Findings: NVRP has resulted in a relatively high success rate, as measured in terms of benefits terminated as a proportion of project participants. This success rate must be viewed in relation to the fact that CPPD beneficiaries are generally among the most disabled of individuals, and generally have extensive rehabilitation needs.

The first objective of the NVRP is to serve as a caseload management mechanism, removing from the disability rolls any CPPD beneficiaries who can regain their capacity to sustain regular employment. From this perspective, project impacts can be monitored in terms of the number of clients who no longer rely on CPPD benefits and have demonstrated their capacity to be gainfully employed.

Project Data: Display 18 presents project data on the status of all clients enrolled in the project as of March 31, 1996, when the original funding commitment for the NVRP expired. As can be seen, the number of benefits terminated totaled 160 at the end of the third year of the project. Based on the number of cases with a completion status (either "closed" or "ceased"), the success rate of the project reached 41 percent. This number is slightly higher than that of the pilot project, which resulted in 35 percent of clients successfully completing their rehabilitation plans.

Stakeholder interviewees generally reported that a 41 percent success rate compared advantageously to other broadly comparable programs. The difficulties in drawing direct comparisons between programs is evident considering the wide variations in program objectives and definitions of disability (see section 2.1). CPPD beneficiaries are among the most disabled individuals and it was often noted by rehabilitation consultants that their rehabilitation needs are often more extensive than those of other clients.

Display 18
Status Summary for the NVRP
(As of March 31, 1996)

Status	1993/94	1994/95	1995/96	Total
NVRP Completion	16	41	103	160
NVRP File Closure	41	70	120	231
Rehab. In Progress	122	128	227	227
Under Appeal	0	3	2	5
Total	179	242	452	623

Cost-Savings: According to project data, the successful rehabilitation of the 160 clients who completed their rehabilitation plan would yield cost-savings of $4.5 million after three years, $15 million after ten years and about $30 million by the time rehabilitated clients reached the age of 65, if they do not return to the disability rolls. These numbers represent the dollar value of benefits saved and do not include other forms of savings for CPP such as increased contributions. Also not included are other indirect financial impacts for the government such as increased income tax revenues, or reduced/ increased dependence on other income support programs, etc., or non-monetary social development benefits.

It should be emphasized, however, that true cost-savings cannot be assessed until longer-term impacts of the program are ascertained.

4.1.2 Employment Outcomes

Findings: The client survey indicated that about 60 percent of project participants who completed their rehabilitation found employment. The results indicate that most termination of benefits following completion of rehabilitation were appropriate, but call for further research on employment outcomes of clients who right the disability rolls. Most participants indicated that they would have found employment regardless of NVRP, but these beliefs in self-generated success are contradicted by other analyses of survey results.

Benefits terminated do not necessarily result in a successful return to work. After successful completion of a rehabilitation plan, it is considered that an individual has regained a capacity to sustain regular employment, and project clients are allowed a minimum job search period of three months before CPPD benefits are terminated, regardless of employment outcomes.

Other Research: Other research has demonstrated the difficulties in attempting to assess the impact of a caseload management program simply in relation to the number of benefits terminated or the initial return to work. For instance, Dykacz and Hennessey (1989) found that about 43 percent of beneficiaries whose DI benefits were terminated as a result of medical recovery or recovered capacity to work eventually returned to the disability rolls. Another American study has demonstrated that more than half of all beneficiaries whose benefits were terminated during a major reassessment initiative in the early 1980s subsequently returned to the disability rolls.[63] This could provide useful lessons for rehabilitation initiatives as well, pointing to the need to track employment outcomes over a longer period.

In Canada, a recent research project on vocational rehabilitation for WCB claimants with partial disabilities indicated that first return to work was often a poor indicator of successful rehabilitation. More specifically, the study showed that vocational rehabilitation measures for WCB claimants injured between 1974-87 had been successful in returning to a first occupation 85 percent of all beneficiaries, but the rate of success declined to 50 percent when examined over a longer time period.[64]

These results stress the importance of examining longer-term employment outcomes to determine real impacts in terms of longer-term cost-savings for CPPD. Longer-term outcomes could not be studied as part of this evaluation, considering that most NVRP clients who had completed their rehabilitation plan had reintegrated into the labour force for less than a year at the time of the survey. However, survey data provided useful information on immediate employment outcomes of NVRP clients.

Employment Outcomes: Survey results on return to work by NVRP clients who completed their rehabilitation plans are presented in Display 19. Overall, about 60 percent of survey respondents reported that they returned to work following completion of their rehabilitation plans. The vast majority of project participants who found work did so within three months of completion of their rehabilitation plan.

Among NVRP respondents who were employed at the time of the survey, about two thirds were employed full-time (70%), while another 19 percent of respondents were employed part-time. A smaller proportion of respondents were engaged in occasional or seasonal work (12 percent). It should be noted that people with disabilities who demonstrate an ability to work part-time on a regular basis are generally not entitled to CPPD benefits, if their earnings are above the Substantially Gainful

Occupation level.[65]

The majority of these NVRP clients found work with another employer, either in a similar type of occupation (10 percent) or in a different type of work (49 percent). A smaller proportion of NVRP clients returned to their previous employer. The small number of clients who returned to their previous employer was attributed by some stakeholder interviewees to the fact that most NVRP clients had been out of the workforce for several years by the time that they started vocational rehabilitation.

The majority of NVRP participants who found employment were generally satisfied with the work they found.

Display 19
NVRP Impacts on Employment

	NVRP Completion (n=92)
Found Regular Employment After NVRP	
Yes	60.4%
No	39.6%
Type of Current Occupation	
Part-time work	19.2%
Occasional/seasonal work	11.5%
Full-time work	69.2%
Would Have Found Work Without NVRP	
Yes	74.3%
No	25.7%
Number of Months After NVRP Before Employment Was Found	
Three months or less	82.1%
Four to six months	17.9%
Description of Employment	
Old job with previous employer	19.5%
Different job with previous employer	7.3%
Similar to old job, but with other employer	9.8%

Different job with other employer	48.8%
Self-employment	14.6%
Satisfied With Occupation Found *	60.5%

* Percentage of Respondents Indicating 4 or 5 on a 5-Step Satisfaction Rating Scale.

Client Perceived Impacts of the NVRP: A surprising survey result is the fact that the majority of respondents who were gainfully employed did not attribute their return to work to the NVRP. Overall, about three-quarters of respondents indicated that they would have found work, regardless of the NVRP.

These results are probably a reflection of low satisfaction level with the project as a whole and are not necessarily an indication that the project did not have any impact on the employability of NVRP clients. Indeed, multivariate analyses of survey results presented above (see Section 3.3.3) suggest that NVRP did significantly contribute to employment outcomes of project participants. The very small proportion of CPPD beneficiaries who return to work without assistance also supports the fact that many project clients would not have returned to work without the NVRP, in spite of their perception that NVRP had little impact on their ability to return to work.

Furthermore, the fact that only a minority of respondents attributed their return to work to the project may be the result of NVRP's emphasis on providing basic skills for employment, rather than being actively involved in job placement. Other research has demonstrated that respondents tend to underestimate the impact of job training or educational services on their ability to find employment.[66]

4.1.3 Conclusion

The NVRP experience has generally produced positive outcomes in terms of its caseload management objectives. The rate of successfully completed rehabilitation plans compares advantageously to other broadly comparable programs and most NVRP clients who completed rehabilitation have successfully returned to work.

Some results, however, may suggest that the project has not entirely eliminated longer-term needs for public income support for many of these clients. Some beneficiaries whose benefits were terminated after rehabilitation are still unemployed several months after completion of the project or are employed in part-time or occasional occupations. It should be noted that the NVRP operated in a period of economic recession and business restructuring and downsizing. These broader macro-economic factors are likely to have had substantial impacts on the employment outcomes of participants in the NVRP.

Some research has demonstrated that former PDI beneficiaries who do not reintegrate into the workforce tend to wind up on the disability rolls again after a certain period of time, and otherwise it seems likely that some wind up receiving social assistance.

Thus, it may be too early to determine the real impact of the NVRP in permanently eliminating the need for PDI or other income support among former CPPD beneficiaries. This issue may need to be monitored more closely in order to determine the longer-term impacts of the program. The NVRP has

not established any system to measure longer-term employment outcomes of the project, and this may need to be remedied if rehabilitation is to be established as a permanent part of the CPPD mission.

4.2 Independent Living

Findings: Impacts in the area of independent living were reported by a small percentage of participants. These results may reflect the somewhat critical views of NVRP on the part of some participants and the limited objectives of the project.

One of the stated objectives of the project was to increase independent living among NVRP clients. This issue was explored by asking survey respondents to indicate whether the project resulted in any of the following impacts: (i) increased financial independence; (ii) increased ability to undertake daily living activities; or (iii) increased independence generally. Survey results for all NVRP clients are reported in Display 20.

Overall, impacts in the area of independent living were indicated by only a small minority of survey respondents. This is particularly surprising with respect to increased financial independence which was only indicated by about 16 percent of survey respondents.

When broken down by the respondent's status, this proportion increased to about 27 percent for participants who completed their rehabilitation plan, and declined to less than 7 percent for those who did not complete the project. This seems to indicate that many respondents, while having found regular employment, are still hesitant to consider that they are more financially independent than when receiving CPPD benefits, perhaps because of the precarious nature of their employment or because of the fact that they are only employed part-time.

Increased ability to undertake daily living activities and increased independence generally were also reported by low numbers of respondents (about 15 and 13 percent respectively). As expected, this proportion was somewhat higher for clients who successfully completed their rehabilitation plan, while it was lower for those who did not successfully complete their plan. These generally low percentages are given emphasis by the fact that a vast majority of client survey respondents reported no impacts in any of these three areas (73 percent).

Display 20
NVRP Impacts on Independent Living

	NVRP Clients (n=242)
Increased financial independence	16.1%
Increased independence generally	14.9%
Increased capacity for daily activities	13.2%
None of the above	73.1%

	Completion NVRP (n=68)	Rehab in Progress (n=102)	Closure (n=62)
Increased financial independence	26.5%	14.7%	6.5%
Increased independence generally	19.1%	14.7%	11.3%
Increased capacity for daily activities	17.6%	13.7%	9.7%

Conclusion: These results are further indications of somewhat critical views on the part of many NVRP clients towards the project. They also suggest that the NVRP goal of providing entry-level skills is not strongly supportive of other, more social-development outcomes for participants in the area of independent living.

These results point to the need for further exploration of employment situations of former NVRP clients and other project impacts generally. They also underline the fact that many NVRP clients may still have important unmet needs, even after they have reintegrated into the workforce.

4.3 Other Impacts

Findings: The most frequently reported other impacts of NVRP included: *more education/skills*, *increased self-esteem* and *improved chances of being gainfully employed*. At least one such positive impact was reported by most participants. Yet, some NVRP participants whose benefits were terminated after rehabilitation reported very low levels of income, thus indicating that the NVRP may have resulted in some unintended impacts such as continued or increased poverty.

Quality of Life: Survey respondents were asked to indicate the impacts of the project in relation to several areas measuring quality of life and level of motivation to return to the workforce. Consistent with the overall finding of low client satisfaction levels, only a minority of survey respondents reported positive impacts in each of the areas explored in the survey. However, most clients reported at least one positive impact.

Understandably, wide variations existed as to the level of impacts reported, depending upon client status in NVRP. It is interesting to note, however, that clients who were still in the process of completing their rehabilitation plan reported more positive impacts than other clients. This seems to indicate that responses were largely influenced, not only by their experience under the project, but also by the decision to interrupt their rehabilitation plan or to terminate their benefits.

The outcomes most frequently reported by client survey respondents were *increased self-esteem* and *more education or new skills*. These outcomes were reported by 34 percent of all clients in each case, but this proportion increased to about 45 percent for clients in progress. Some 35 percent of clients whose benefits were terminated reported these outcomes as a result of the program, while these responses were indicated by only 15 percent of clients who did not complete their rehabilitation plan.

Display 21
Other Impacts of NVRP

Reported Impacts	Clients (n=242)
More education/new or improved skills	33.9%
Increased motivation to return to work	13.2%
Improved health/well-being	25.2%
Improved chance of being employed	30.2%
Increased self-esteem	34.3%
Improved quality of life generally	20.2%
None of the above	44.2%
NVRP eliminated the need for benefits *	58.5%

* Includes Only Respondents Who Completed the NVRP (n=68).

	NVRP Completion (n=68)	Rehab in Progress (n=102)	NVRP File Closure (n=62)
Reported Impacts			
More education/new or improved skills	35.3%	45.1%	14.5%
Increased motivation to return to work	13.2%	19.6%	3.2%
Improved health/well-being	20.6%	36.3%	12.9%
Improved chances of being employed	30.9%	46.1%	4.8%
Increased self-esteem	33.8%	45.1%	14.5%
Improved quality of life generally	17.6%	26.5%	11.3%
None of the above	36.8%	33.3%	69.4%

The impact showing the most variation among client categories was *increased chance of being employed*. Not surprisingly, very few people who did not complete their rehabilitation plan reported this outcome, while the proportion was significantly higher among those who completed their rehabilitation plan. Of those clients still in the process of completing their rehabilitation plan, about 46

percent perceived the project as increasing their chance of being employed.

Finally, other impacts were less frequently reported such as *improved health and well-being* (25 percent); *improved quality of life* (20 percent) or *increased motivation to return to the workforce* (13 percent). Wide variations depending upon client status can also be observed for these areas of impacts. These results are fully reported in Display 21 (previous page).

Employment Earnings and Household Income: The vast majority of NVRP participants who are employed following completion of their rehabilitation plan project earnings above the Substantially Gainful Occupation level for 1996. This provides further indications that termination of benefits were appropriate in most cases. Most participants projected earnings in excess of $20,000.

The results also indicate, however, that some participants who completed their rehabilitation plan but did not find employment were right in a poor financial state. A small number of participants who completed their rehabilitation plan reported a household income below $10,000, thus suggesting that the project may have some unintended impacts such as increased poverty and (possibly) the need to rely on social assistance.

Display 22
Impacts on Earnings

	NVRP Completion
Project Employment Earnings for 1996, if Working (n=55)	
Not reported	9.1%
Less than $10,000	12.7%
Between $10,000 and $19,999	16.4%
Between $20,000 and $29,000	30.9%
Between $30,000 and $39,000	16.4%
Between $40,000 or more	14.5%
Projected Household Income for 1996, if Not Working (n=36)	
Not reported	16.7%
Less than $10,000	19.4%
Between $10,000 and $19,999	19.4%
Between $20,000 and $29,000	11.1%
Between $30,000 and $39,000	13.9%

Between $40,000 or more	19.4%

Other Impacts for CPPD: Financial impacts for the CPP were briefly discussed in Section 4.1.1. Other impacts are likely to occur as a result of the NVRP, but these impacts are generally difficult to measure. Stakeholders perceive CPP's involvement in vocational rehabilitation as desirable, thus suggesting that the project may have a positive impact on the credibility of CPPD administration, raising its profile as a fiscally responsible program.

Negative impacts for the CPPD are suggested by the dissatisfaction of a minority of client survey respondents, for example, those who did not find employment and were right with very low household incomes. While unintended or negative effects may be inevitable considering the broad objective of the project to decrease reliance on public support, these findings still may point to the need for: (i) some ongoing mechanism for channeling and responding to client concerns and complaints; and (ii) a medium for monitoring long-term effects.

Conclusion: Most client survey respondents reported at least one positive outcome as a result of their participation in the project, but other evidence suggests that the NVRP may have resulted in some unintended impacts (such as increased poverty) which may need to be assessed more clearly in future evaluations.

To a large extent, it is too early to determine the "real" outcomes of the project in relation to CPPD beneficiaries who reintegrated into the labour force. However, if an extended rehabilitation function is to be implemented as part of CPPD, it would not be too early to plan immediately for the types of ongoing data collection mechanisms that will need to be established for better tracking of the impacts of a permanent rehabilitation component within CPPD. This issue is further discussed below.

TABLE OF CONTENTS

5.0 Implications

NVRP has achieved a number of successes, especially when viewed in relation to the significant barriers facing the implementation of a rehabilitation component as part of the CPPD. *The main goal of the NVRP was to demonstrate the feasibility of establishing a permanent rehabilitation function within CPPD and, from that perspective, the project appears to have achieved its goal.*

Some implications of the evaluation findings are discussed in this section of the report, with specific options for improving and refining particular aspects of the NVRP. Many of the alternatives discussed below have cost implications which will have to be assessed in relation to the potential returns on investments and the scope of CPPD's mandate in rehabilitation.

5.1 Expanding Current Rehabilitation Efforts

While the ultimate decision as to whether a permanent rehabilitation function should be integrated with the CPPD will rest with program administrators, this evaluation is largely supportive of the need

to expand current rehabilitation efforts and to build on the experience of the NVRP.

5.1.1 Current Strengths

While operating in a context which generally did not prioritize rehabilitation goals, the NVRP displayed a number of strengths which will facilitate future rehabilitation initiatives as part of the CPPD:

- The project was shown to be fiscally responsible, allowing a number of CPPD beneficiaries to reintegrate into the workforce, while respecting the limited objectives of the CPPD in providing entry-level skills within reasonable costs for the CPPD.
- The experience with NVRP generally suggests that a full rehabilitation function as part of the CPPD would help increase the rate of successful return to work among CPPD beneficiaries, which has historically been below one percent.
- The project has contributed to building a knowledge base which will prove to be most valuable if a full and permanent rehabilitation function is established as part of the CPPD.

Future rehabilitation initiatives as part of the CPPD will have to preserve many of the successful features of the NVRP, while improving on a number of areas of concern discussed throughout this report.

5.1.2 Withdrawing CPPD Funding

The terms of reference for this evaluation called for the need to assess the impacts of withdrawing CPP funding in the area of rehabilitation. Considering the modest size of the NVRP to date, the current situation largely illustrates the conditions of a CPPD program operating without a rehabilitation function.

Historically, only about one percent of CPPD beneficiaries were terminated every year for a cause other than death or attainment of age 65. This one percent of beneficiaries includes all cases terminated through a reassessment of eligibility or when beneficiaries notify CPPD of their return to work. Several lines of evidence indicate that this proportion of termination could be significantly increased through both more aggressive reassessment initiatives and more effective vocational rehabilitation.

Withdrawing CPP funding in the area of rehabilitation would appear contrary to a growing trend towards more vocational rehabilitation efforts in the private sector and in PDI programs in other countries. For CPPD to ignore this trend could have significant negative impacts for the program in increasing its financial liability and (possibly) in portraying CPPD as fiscally irresponsible. *For these reasons, this evaluation points to the need for continuing rehabilitation efforts — and indeed expansion of rehabilitation efforts — and better monitoring mechanisms which would allow for tracking the full impacts of rehabilitation over a longer time period.*

5.1.3 Securing Longer-Term Funding

Many of the challenges to the implementation of a rehabilitation function by NVRP were attributed to the uncertainty about the future of the project. To name only a few instances, NVRP administrators were limited in their ability to undertake longer-term rehabilitation plans, to establish adequate systems for tracking project impacts and to enter into partnership agreements because of the limited

time-frame of the project.

In this context, it may be appropriate for the CPP administration to consider a longer term funding commitment for future or continuing rehabilitation projects or to establish rehabilitation as a permanent feature of the CPPD operations. This would allow for the implementation of a more clearly defined and cost-effective program and would allow more complete experimentation to assess the full potential of a rehabilitation function at CPPD.

5.2 Targetting the Right People

The evaluation has outlined the importance of an efficient and cost-effective mechanism for identifying the best candidates for vocational rehabilitation. This task is particularly challenging, considering the level of disability of the CPPD population and the fact that vocational rehabilitation may be suitable for only a relatively small portion of all beneficiaries.

5.2.1 Current Strengths

The current client selection process has a number of successful features, as indicated by the fact that the large majority of clients referred were perceived to be suitable candidates for rehabilitation. Among the positive features of the process, the evaluation has outlined the following:

- The process relies on multiple screening processes which allow for increasingly thorough investigations of the potential for rehabilitation, thus significantly lowering the costs associated with expensive external assessments for inappropriate candidates.
- The process minimizes the intervention of initial adjudicators who are trained for reviewing the eligibility for benefits and may not have sufficient experience in vocational rehabilitation to make appropriate referrals.
- The project has rightly targeted reassessments in addition to the initial adjudication of claims, considering the fact that a large number of current CPPD beneficiaries may benefit from rehabilitation services.
- The project has made appropriate referrals to vocational rehabilitation consultants, and this generally indicates that project staff were qualified and well trained to identify clients with high rehabilitation potential.

Despite these positive features, the evaluation points to a number of areas for improvements in the client selection process, as noted below.

5.2.2 Collecting Vocational Information on CPPD Beneficiaries

The evidence shows that the information currently available in CPPD client files may not be appropriate for the purposes of determining the rehabilitation potential of CPPD beneficiaries. At the present time, NVRP case managers and medical adjudicators must rely on very incomplete and inadequate vocational and functional information to determine the rehabilitation potential of NVRP candidates. Crucial data for rehabilitation assessment purposes can only be collected at the subsequent telephone interview, thus reducing the capacity of project staff to target the most appropriate candidates at the file review level.

These informational problems will have to be remedied if rehabilitation efforts in CPPD are to be successfully expanded. *It may be desirable to explore the need for a separate Vocational Profile*

Questionnaire to be completed by a portion of CPPD beneficiaries targetted as having more rehabilitation potential. This questionnaire would serve both as a means to collect crucial information on clients for rehabilitation purposes and to convey the message that rehabilitation is an integral part of CPPD. This questionnaire could be sent to targeted beneficiaries immediately after the initial grant, and could also be part of an ongoing vocational rehabilitation assessment process. If appropriate, the use of a vocational profile questionnaire could also be used for the purposes of targeting people for reassessment of eligibility (see below).

It is believed that such an approach could lower the cost of screening, make it more efficient, and allow the identification of more candidates for rehabilitation. (Under the current system, it appears very likely that a number of suitable candidates are missed because of the lack of information in the client files.) Such improvements could be an important part of expanding rehabilitation within CPPD.

5.2.3 A Cost-Effective Screening Mechanism

The current client selection process starts with an initial screening, using five basic referral criteria, and results in the review of a very large volume of files at the Rehabilitation Unit. While some evidence suggests that basic criteria such as age and education are correlated with successful rehabilitation, they may not be the main predictors of successful rehabilitation. As a result, NVRP has likely missed a large number of suitable candidates who were never referred to the unit for assessment.

In 1989, CPP commissioned a study to recommend an appropriate mechanism for screening candidates with high rehabilitation potential. The study recommended the use of an "expert system" which would largely automate the file referral process by studying the vocational profile of CPPD clients and referring only the most appropriate candidates. The study had one major limitation, however, in that it relied on existing file information to determine potential for rehabilitation and (for that reason) failed to take into account a number of essential factors such as the client motivations, medical stability, etc.

Computerized methods for targeting beneficiaries have been used by the Reassessment Unit for some time and may prove to be appropriate for rehabilitation purposes as well, if relevant additional information can be collected from clients. This process would not replace the current "manual" file review and telephone interview process, but it could assist in reducing the number of inappropriate files being referred to the Rehabilitation Unit. It could also eliminate current administrative concerns regarding lower than expected referrals to the Rehabilitation Unit and variations in the interpretation of guidelines.

Implementing such a system would require further research into the appropriate predictors of successful rehabilitation and the kind of additional information to be collected from clients. The success of the process would require the use of adequate indicators on such aspects as client motivations and transferable skills. This process could be closely tied to the use of a *Vocational Profile Questionnaire* as suggested above.

5.2.4 The Need for Ongoing Reviews of Rehabilitation Potential

About 70 percent of files adjudicated by the Disability Operations Division (DOD) for beneficiaries aged 20-49 were never referred to NVRP and it appears that one of the major causes for non-referrals is that beneficiaries are not medically stable at the time of adjudication. This does not mean, however,

that beneficiaries will never be suitable for vocational rehabilitation. NVRP likely has missed many appropriate candidates because of this factor.

This points to the need for ongoing reviews of rehabilitation potential for CPPD beneficiaries who are initially not considered to be appropriate candidates, but may have potential for rehabilitation in the future. This process could be closely tied to the current Reassessment Unit system, if modifications can be made to take into account certain vocational factors. Ongoing review of rehabilitation potential will raise the need for ongoing information gathering mechanisms, as the profile of CPPD beneficiaries changes rapidly and this may affect their suitability for vocational rehabilitation.

5.3 Strengthening Incentives for Participation

All stakeholders interviewed as part of this evaluation pointed out that "fears" were one of the most significant barriers facing CPPD beneficiaries in returning to the workforce. This points to the need for developing both a more positive "culture" around CPPD and rehabilitation, and additional incentives which will help in building the confidence of clients in the rehabilitation process.

5.3.1 Current Strengths

The Rehabilitation Unit and CPPD more generally have to a large extent recognized that client "fears" is an issue that needs to be addressed and a certain number of steps have been taken in that direction. More specifically, the following elements were noted as significant improvements:

- The project has recognized the need for "smoother" transitions in reintegrating into the workforce by introducing a minimum job-search period of three months;
- Follow-up services after job placement were reported by a number of survey respondents; and
- Recent changes to the CPPD program have reinforced work incentives provisions by allowing beneficiaries to test their ability through volunteer activities and trial work periods. Also new to the CPPD program is a "fast-track" re-application process for beneficiaries who unsuccessfully try to return to work, and the possibility of undertaking schooling and re-training while on CPPD.

5.3.2 Gradual Disengagement

The issue of building client confidence in the rehabilitation process is also one of gradual disengagement from CPPD. Current provisions provide for a job-search period of three months after completion of the rehabilitation plan, but this measure may have been largely insufficient, especially when compared to the American experience in terms of work incentives provisions.

The issue of gradual disengagement is very important from two perspectives. On the one hand (as mentioned above), it serves to build the confidence of clients in the rehabilitation process and may significantly increase both the level of project enrollment and the number of successfully completed cases. But from another perspective, gradual disengagement is very important from a cost-control point of view, considering growing American evidence that former beneficiaries who do not receive adequate support tend to return to the disability rolls.

For this reason, there may be a real need to increase incentives to participate in the project by providing additional support after completion of the rehabilitation plan. This additional support could take several forms such as:

- **Longer Job Search Periods**: under its program of work incentives, the American system allows beneficiaries to make earnings in excess of the substantially gainful occupation level for a 9-month period prior to a reassessment of their eligibility for benefits;
- **Period of Guaranteed Minimum Level of Earnings:** the American system provides for an extended period of eligibility of 36 months when the person (if still considered disabled) can see their earnings supplemented up to the substantially gainful occupation level when earnings fall below that threshold; and
- **Additional follow-up**: beneficiaries could be provided with additional follow-up and support (when appropriate) to help them find work when not employed after completion of the project or to ensure that the work experience is successful when they are employed. This additional follow-up support could include such features as providing child care assistance for rehabilitation clients while they are looking for work or offsetting the costs of certain expenses related to a new job when beneficiaries are employed.

Gradual Engagement with Work: a related issue is the encouragement of CPPD beneficiaries to experiment with work, where they can obtain a part-time or temporary job, for example. Such work experimentation may encourage more serious efforts and a positive attitude to or interest in rehabilitation. CPPD could encourage this more by creating a broader work incentives provision, broadly communicated to beneficiaries, that "part-time employment income up to $XX per month or year will not be considered as a cause for review of eligibility for CPPD benefits." This may be highly desirable, as the client survey for this evaluation suggests that such client experimentation with work was a success factor in rehabilitation

Linking to Career Goals: This evaluation has noted that rehabilitation goals of clients often exceeded the goals of NVRP. While strictly speaking, a CPPD rehabilitation function might be limited to the creation of a basic capacity for work, it does not seem unreasonable for the program to do more through partnerships with other government training programs.

Thus, for example, clients could be linked to career or other training options in conjunction with the rehabilitation plan, much in the same way that Canadians who are unemployed for reasons other than disability, can obtain career-related training or re-training. This could do much to improve client motivation for rehabilitation, and would enhance the underlying social development rationale of rehabilitation in a logical and meaningful way. More importantly, such a stronger reach of rehabilitation into facilitating human capital development would very probably maximize the chances of rehabilitated individuals obtaining and maintaining employment over the longer-term.

5.3.3 Mandatory Participation

The evidence collected in this evaluation does not definitively answer the question as to whether the program should be mandatory or remain voluntary. Stakeholder interviewees had mixed opinions on the issue and survey responses did not generally support the view that participation in the project was affected by its voluntary nature.

The issue, however, may need to be looked at from a new angle. Some evidence points to the fact that advertising the project as voluntary may have brought some confusion about the nature of CPP's rehabilitation function and its objectives. Many participants seem to have perceived the NVRP as an opportunity to pursue career goals and appear to have misunderstood the entry-level skills objective of

the project. On this aspect, advertising rehabilitation as a "voluntary" project may be sending the wrong message to potential participants.

On the other hand, enforcing CPP regulations and using "threats" of non-compliance would seem to be inconsistent with sound vocational rehabilitation principles and might be unnecessary.[67] Thus by avoiding mandatory participation, the project would maintain its ability to recruit highly motivated participants, which has been seen as one of NVRP's strengths by rehabilitation consultants.

This situation could call for a new approach which would emphasize the "rehabilitation mission" of CPPD, as noted above, and would place a great emphasis on motivation in the client selection process. Project communications would emphasize this rehabilitation mission. Potential participants would be informed that the project currently focuses on the "most" motivated candidates, while enforcement at this stage would only be reserved for cases of abuse. Policy decisions on mandatory participation would be delayed until further is known about the impacts of enforcing the regulations.

5.4 Delivery of Services

As of 1996, there is no single proven "best" method for delivering rehabilitation services and indeed, it is often pointed out that each client has specific needs which can require different approaches. This individualized approach is the main strength of the case management system utilized by NVRP. Nonetheless, a number of concerns have been outlined throughout this report and, while not all of these issues could be definitively answered by this evaluation, the following observations can be made to support a renewed rehabilitation mission at CPPD.

5.4.1 Current Strengths

The NVRP evidenced a capacity to provide services in an individualized and flexible manner which ought to be preserved in future rehabilitation initiatives. More specifically, some of the specific strengths of the project include:

- The case management approach utilized by NVRP provides adequate support to clients by directing them to specific resources oriented to their needs and providing them with ongoing support and counselling.
- The project has demonstrated flexibility in the delivery of services by evaluating needs on a case-by-case basis and in providing a wide range of services.
- A number of the rehabilitation consultants were reported to provide excellent services and to supplement NVRP staff with essential expertise in vocational rehabilitation.

5.4.2 Developing Clear Guidelines and Policies

A CPPD rehabilitation function would greatly benefit from the establishment of more complete guidelines and policies both at the internal level and at the external level in its relations with contractors and clients. These policies would clarify specific issues with respect to longer-term rehabilitation services, the costs of rehabilitation services, billing practices for case management procedures, reporting standards, cost-sharing agreements and the extent to which consultants are expected to make use of other public resources such as VRS, HRCC, etc.

It would also be desirable for future rehabilitation programs to establish a mechanism for ensuring that contractors comply with these policies and are informed on a regular basis about change affecting

their work. These "performance checks" would serve as an indicator for evaluating the work of specific contractors in re-negotiating contracts for services, and should include a client feedback mechanism.

5.4.3 Third Party Delivery System

Although not conclusive, the evaluation noted wide variations in the costs of delivering rehabilitation services among contractors and most of this difference was attributed to differences in case management procedures. Considerable evidence also points to the fact that external or duplicative case management often created serious communication concerns, with many clients exhibiting low levels of understanding of the project goals and the CPPD rehabilitation process.

Some stakeholders have suggested that *in light of the regionalization of CPPD operations, rehabilitation services at CPPD should be provided on the private insurance model — with more in-house resources.* Most private insurance carriers have in-house case management systems, where most assessments and counselling services throughout the rehabilitation process are provided by in-house staff, while other services are contracted out on an as needed basis. This would avoid, it was argued, conflicting messages being sent to clients and would allow CPP staff to have more direct contact with clients and to develop an in-depth knowledge of their clients' needs and of the resources available in their region.

However, the issue is complex and other factors must be considered. CPPD needs a flexible delivery system which can adjust quickly to variations in demand for services at a regional level and which can benefit from the large pool of expertise available in the private sector. To some extent, this may call for a mixed system which would reinforce the role of in-house case managers, while contracting out case management and other services on an as needed basis.

As well, it is very likely that many CPPD beneficiaries do not need extensive case management services and could be quickly placed in a specific training or educational program without the need to resort to external case management resources. This would be especially true in a regionalized system, where in-house case managers will familiarize themselves with the resources available and the regional economy. Strengthening the role of in-house case managers will also be important when external services are used, in light of significant concerns related to communication of project objectives and policies, as discussed below.

This move, towards bringing functions back into a public program may seem unusual, at a time when "contracting out" seems to have become a principle of governments. But other instances of moves in the direction of internalizing operations can be found in the Federal government today, especially where cost savings issues are involved.[68]

5.4.4 Extending the Range of Services

While NVRP has demonstrated its ability to be flexible in the range of services to be provided, there may be a need to explore additional avenues such as specialized programs which would be offered directly to a certain type of clientele. As an example, there is a growing interest in the United States for certain types of *Supported Employment Programs* which have proved to be particularly effective in returning to certain types of clientele to work such as people with severe mental disabilities or traumatic brain injuries.[69]

Specialized programs of this nature exist for different types of clients and targeting certain categories of beneficiaries who may benefit from these new rehabilitation measures may also be a way to increase the potential for rehabilitation among CPPD beneficiaries. A regionalized delivery system will allow for a better knowledge of the availability of services on a regional basis and may facilitate the use of such services.

Another avenue to explore is the possibility of extending the coverage of reintegration costs as part of the project. Reintegration costs can take several forms such as a start-up allowance[70] to cover a part of initial job-related expenses, assistance with child care or even wage subsidy. Covering some of these expenses may be useful in creating greater incentives to participate in the project or to help beneficiaries to test their ability to work, but they would appear to be difficult to reconcile with the objectives of the CPPD if they were to be ongoing (such as permanent wage-subsidy or partial CPPD benefits).

The goal of the CPPD is to provide some level of earnings-replacement in the event of disability severe enough to prevent someone from earning above the substantially gainful occupation (SGO) level. The SGO is a very low threshold of employment, currently the ability to make earnings in excess of about $9,000 per year. Any individual who has the ability to earn above this amount is not eligible for CPPD and, as such, wage subsidies or partial CPPD benefits which would apply above the SGO could be seen as inequitable for other people with disabilities.

5.4.5 Cost-Sharing Agreements

The objective of achieving complementarity of services between different providers has not been fully met for NVRP, as is true of CPPD generally. This is primarily due to time-consuming negotiations conducted on a individual basis which often result in frustrating delays for clients. This situation calls for the establishment of longer-term partnership agreements with other service providers to specify the type of services which could be cost-shared by different partners and the case management procedures to be utilized.

These partnership agreements would define protocols for rapid approvals of clients and rehabilitation plans and would establish the parameters for sharing the costs of rehabilitation. Such agreements could be re-evaluated and updated on a regular basis.

Implementing framework agreements with other service delivers would serve several goals. On the one hand, it would allow for the identification of suitable clients for rehabilitation purposes, as some private insurers have established comprehensive rehabilitation programs and tend to be more pro-active in this area than CPPD. Secondly, it would create an incentive for private insurers to provide information regarding beneficiaries who have returned to the workforce, thus allowing CPPD to quickly terminate benefits when appropriate. Finally, it would increase co-operation among service providers and be more cost-effective from CPPD point-of-view by recovering a share of its costs while minimizing the need for case-by-case negotiation.

5.4.6 Human Resources Investment Fund and Related Options

The *Statement of Work* for this evaluation called for the need to explore the potential for delivery of CPPD rehabilitation services through the Human Resources Investment Fund (HRIF). The HRIF funds a number of re-training, job placement and other services aimed at assisting eligible

unemployed Canadians to find work. As part of the recent reform of the former Unemployment Insurance program (now Employment Insurance (EI)), a new emphasis has been put on re-re-training individuals for a rapid return to work.

Eligibility for most re-training services as part of the Employment Insurance (EI) program is limited to individuals who have been in receipt of EI benefits within the past 36 months or have received maternity or parental benefits within the past 60 months. As a rule, EI beneficiaries must be available for employment, so that participation in re-employment measures would disqualify CPPD beneficiaries from receiving disability benefits which are conditional on a demonstrated inability to work. These differences in eligibility requirements and program objectives were outlined by many rehabilitation consultants who reported having unsuccessfully attempted to utilize EI resources as part of their rehabilitation plans for CPPD beneficiaries.

Beyond incompatible eligibility criteria, the delivery of rehabilitation services through EI re-employment measures would pose other difficulties. Several stakeholder interviewees outlined the fact that, while disabled individuals could benefit from re-training programs regularly offered to other Canadians, they required significantly more support to overcome other barriers related to their disability. The use of certain services from the EI program would not eliminate the need for a rehabilitation function as part of the CPPD, considering that disabled beneficiaries require additional support which can only be delivered through specialized services.

A last difficulty related to the potential integration of CPPD's rehabilitation function with the HRIF is the current transfer of responsibilities to the provinces in the area of employment training. It is expected that over the next few years, bilateral agreements between the Federal government and the provinces will be established and that the transfer of resources and funds will begin.

Yet, while integration of rehabilitation services with the HRIF may be difficult, it has been noted above that ensuring better linkages between the CPPD rehabilitation function and other employment programs (including the HRIF) would be a desirable objective and would strengthen incentives for participation in vocational rehabilitation at CPPD.

This would be particularly appropriate in cases where a CPPD rehabilitation program is successful in making an individual ready for work, but provides little other assistance in actually creating the links to employment. To be effective, this last step almost certainly calls for linkages to community-based employment services, a complexity of partnership arrangements which will probably be best carried out within CPPD's new regional structure. Those types of efforts — with HRIF or Provincial/Territorial programs, with community programs, etc. — suggest a more complex and somewhat more expensive program than the NVRP, but one which appears worthwhile, given the significant cost-savings evidenced to date by NVRP.

5.5 Project Communications

One of the major areas for concern identified in this evaluation is an apparent lack of understanding of NVRP goals and the rehabilitation process on the part of a number of clients. This lack of understanding was evidenced, for example, by a significant discrepancy in satisfaction ratings for rehabilitation consultants and the project as a whole, and in survey responses to open-ended questions.

5.5.1 Current Strengths

Communicating the goals and objectives of a new project is not an easy task and a number of efforts have been made by NVRP staff over the last few years which deserve to be outlined:

- The NVRP has made several outreach efforts to inform other service providers about CPPD rehabilitation services and to seek cost-sharing agreements with third parties.
- The project has set up a toll-free line and has made brochures available to inform CPPD beneficiaries about the existence of the project and its objectives.
- The project has published articles to inform the public about the project and its goals.
- The rehabilitation process and project goals have been communicated to all potential candidates for rehabilitation in the initial telephone interviews conducted by project staff.

As explained above, the use of external case managers (consultants) may to a large extent have been the main cause of what appears to be a significant communication problem between the project and its clientele. While all NVRP case managers emphasized the fact that project objectives were communicated to clients at the telephone interview stage, this may have been insufficient to ensure an adequate level of understanding on the part of some clients.

5.5.2 Regular Contacts with Clients

Under the current external case management procedure, direct contacts between clients and project staff have been minimal. The communication of decisions is part of the role of the rehabilitation consultants and this may have created frustration on the part of some clients who did not fully understand the rationale for some project decisions.

This problem needs to be explored further and corrective measures have to be established in order to preserve client confidence in CPPD rehabilitation services.

Corrective measures could include more regular contacts between project staff and clients at key stages of the process, such as after acceptance of the rehabilitation plan and on a regular basis thereafter. These contacts would serve to emphasize the goals of the project, as well as clarifying any points of confusion on the rehabilitation process.

In the context of the regionalization of CPPD operations, there may be opportunity for increasing the involvement of NVRP staff in the rehabilitation process even further, such as providing for team meetings at the outset of the rehabilitation plan which would involve project staff, the rehabilitation consultant, the client and the client's physician.

Finally, certain communications between project staff and clients on key issues should be done in writing and kept in files for future reference. Clients could also be asked, in conjunction with the rehabilitation plan, to confirm in writing their understanding of the project and the rehabilitation process and ideally should have an avenue for feedback and complaints.

5.5.3 Rehabilitation as an Integral Part of CPP

One of the most important barriers that NVRP faces in rehabilitating beneficiaries is to modify the perception that CPPD is an entitlement for life. If rehabilitation is to be established as a permanent function within CPPD, significant efforts will have to be made to modify this perception, so that beneficiaries with high rehabilitation potential are more readily prepared for improving their chance of returning to the workforce.

Modifying public perceptions of the CPPD will not be an easy task. However, substantial improvements could be done on this level by better communication of CPPD rehabilitation initiatives, such as the NVRP. *The rehabilitation mission of CPPD should be made an integral part of the process by notifying beneficiaries when they start to receive disability payments that they will be expected to make reasonable efforts to reintegrate into the workforce.* Subsequent communications of the program generally should keep in a prominent position the notion that CPPD will protect disabled individuals, but will also aggressively aid efforts at rehabilitation and return to work. *To be effective, such steps in articulating rehabilitation as part of the CPPD mission will widely affect both the culture and the staff of the broader CPPD administration.*

5.5.4 Explaining CPP's Rehabilitation Function to Other Deliverers

Generally, it was found in interviews with other deliverers of rehabilitation services that their level of knowledge of the NVRP was relatively low. Other deliverers often reported having heard very little information about the project and were generally eager to know more about CPP's rehabilitation efforts. Efforts that have been undertaken to communicate more information about the project in conferences and through specialized magazines should be pursued. The perceptions of other service deliverers about the project is an important element considering the need for greater complementarity of services and given the fact that many potential clients will be referred or informed about the project through other services.

5.6 Project Data Systems and a Research Agenda

Because rehabilitation is an emerging component of the CPPD, the importance of tracking outcomes and results is an essential concern for project implementation and future planning. From this point-of-view, it is important, as part any future or continuing rehabilitation initiative, to integrate the collection of information for research and planning as an essential part of future initiatives.

5.6.1 Current Strength

As the primary goal of the NVRP was to demonstrate the feasibility of establishing a permanent rehabilitation function as part of the CPP, project administrators were sensitive to the need for gathering sufficient information on the project to track a number of outcomes. More specifically:

- The project has made significant efforts with limited resources to track project outcomes in terms of potential costs-savings and rehabilitation costs.
- The project has improved its information gathering mechanism over time by keeping track of different activities, such as the number of files reviewed, the number of telephone interviews conducted, etc.

However, these efforts have often been made without a full understanding of what type of information would be necessary for tracking outcomes and future research.

5.6.2 Evaluation Framework

CPPD should explore the possibility of conducting an Evaluation Framework Study as part of any future or continuing vocational rehabilitation initiatives. This evaluation framework would define the parameters of all information needs to track outcomes of the project, and would establish protocols for collecting this information. The evaluation framework would also detail all data analysis plans to

enable assessment of the impacts of the *rehabilitation initiative* on a regular basis and would help elaborate a baseline to provide essential strategic information for monitoring the implementation of the project.

An evaluation framework would also determine methods for establishing a valid control group for purposes of isolating the project impacts from other factors related to broader changes to the CPPD. A related concern is the need to monitor longer-term employment outcomes of the project to ensure that beneficiaries can sustain their occupation over an extended period and are not likely to return to the disability rolls in the future.

Research on the delivery of vocational rehabilitation services is currently being conducted in the United States through the *Project Network* which explored the effectiveness of four different methods for delivering rehabilitation services.[71] This research is expected to provide very important information with respect to the cost-effectiveness of different methods for delivery of rehabilitation services.

CPPD could derive invaluable information from a future rehabilitation initiative by developing a research agenda from the outset of the project (as was done in the United States) in order to ensure that information needs will be met.

5.6.3 Further Research on Determinants of Successful Rehabilitation

This evaluation outlined the importance of an adequate client selection process for the success of a rehabilitation project. However, very little is known as yet about the ain predicting factors for successful rehabilitation. While considerable anecdotal evidence exists on the topic, empirical research appears to have been inadequate in its failure to take into account essential determinants such as client motivation or transferable skills. CPPD should consider the possibility of conducting a comprehensive study on this topic which would add to current empirical evidence.

This research could be tied to the design of the proposed Vocational Profile Questionnaire (see above) which would be aimed at correcting informational gaps of client files, and could also be linked to the emergent evaluation efforts discussed above. A point of emphasis would be the development of a longitudinal study of CPPD and rehabilitation clients, as part of the ongoing evaluation.

6.0 Conclusion

The evaluation draws a number of conclusions about the NVRP:

First, the NVRP has generally been successful in demonstrating the practicality of a full rehabilitation function within CPPD. The NVRP has demonstrated that many CPPD beneficiaries can be rehabilitated and returned to employment, and that significant cost savings are possible . As well, the evaluation concludes that the potential market for a CPPD rehabilitation program may be significantly larger than that reached to date, although the precise extent of a cost-efficient rehabilitation function

has yet to be determined.

Second, the research suggested that important social development impacts can result from the successful rehabilitation of participants, although these outcomes are not strongly facilitated by current rehabilitation goals of the CPPD, which are to provide basic entry-level skills for returning people to work. These impacts (improved incomes, improved self-esteem etc.) are relevant to CPPD beneficiaries, and also relevant to Canada's policies in related areas, such as the Strategy for the Integration of Persons with Disabilities.

Third, a number of specific ways are noted in which the delivery of a rehabilitation function within CPPD could be made more efficient. Some of these suggested approaches included reducing informational constraints in client selection (e.g. introduction of a separate Vocational Profile Questionnaire to be completed at time of application for CPPD), improved communications, alternative approaches to service delivery, improved use of related training and educational services, and improved work incentives. Overall, the changes needed are seen as reflecting an organizational context or mission of CPPD generally, which is not supportive of a rehabilitation function within CPPD today.

Fourth, it was noted that the positive motivations of the many CPPD beneficiaries who were prepared to undertake rehabilitation was a primary resource for success of the program. The evaluation concluded that the program might not be advertised in the future as "voluntary", but that extensive program developments could be undertaken without any general need to actively enforce CPP regulations regarding rehabilitation (no general move to a compulsory rehabilitation program).

Finally, the overall development of a new rehabilitation function within CPPD should ideally be accompanied by a variety of changes designed to enshrine a "rehabilitation mission" as a fundamental element of CPPD. These needed changes are seen as crossing all communications and administrative aspects and components of CPPD.

Appendix A - Evaluation Questions

Evaluation Questions
(from the Statement of Work)

A. Process Evaluation Issues and Questions

Relevance

1. In light of current government wide and departmental priorities, and within a changing federal/provincial context, (Canada Health and Social Transfer, and Human Resources Investment Fund):
    . Is the rationale for the National Vocational Rehabilitation Project and CPP's direct involvement in rehabilitation of its beneficiaries still relevant?

b. Is continuation of the National Vocational Rehabilitation Project (or continuation as currently implemented) warranted?

c. Is CPP's/HRDC's involvement in direct rehabilitation of CPP beneficiaries still warranted?

2. What is the rationale behind the delivery approach (third party/private sector) for the project? Given experience to date, is this approach still valid?
3. Have efforts been undertaken to ensure complementarity of federal (VRDP, Client Service Centres), provincial and/or private sector rehabilitation initiatives? Is there evidence of overlap or duplication between jurisdictions/other programs? If so, how could these be better managed?

Program Delivery Method and its Effectiveness

4. How are rehabilitation consultants/third party deliverers selected? What criteria are used in their selection? Are there guiding principles in defining the nature of relationship between CPP-NVRP management and rehabilitation consultants?
5. How are clients (potential participants) identified? Are efforts undertaken to ensure potential participants have access to the project? (e.g. information at local/regional level, approach to encouraging participation)? What kind of judgement rules (selection criteria) are applied in the selection of candidates for rehabilitation? What process is used in their selection? In the selection of candidates how is consideration given to ensuring the program is as cost-effective as possible? Is the voluntary participation aspect of the project an advantage or a disadvantage?
6. What is the range of services/interventions (e.g. counselling, job search etc.) provided under the project? Do these reflect the guiding principles of the project (as reflected in goals and objectives)? Are some kinds of services/interventions more in demand than others? Which ones? Why? Are there some kinds of services/interventions which are not currently covered within the project for which there have been requests?
7. Are some kinds of services/interventions more helpful than others? Which ones? Why? How well-suited were the categories of service/interventions provided?
8. Are there factors regarding the design and implementation of the project which are seen as key to its success? Are there aspects of design or delivery for which improvements would enhance project success? (Ref. eligibility for and selection of third party deliverers and clients for rehabilitation, range of services provided, how services are delivered across third party deliverers and relative cost-effectiveness, relations between CPP-NVRP management and rehabilitation consultants, overall project management)

Adequacy of Budget

9. Were resources allocated to the project (human and financial) adequate to enable NVRP to carry out its role? Is the project effective in meeting its objective within budget? Was the project able to meet the demand for services? Are there budgetary constraints which impact on the range of services provided?

B. Outcome Evaluation Issues and Questions

10. Are the objectives of the project being met? How? Which are not being met? Why not?

. Were the targeted number of clients served? If not, why?

b. To what extent were clients "successful" in completing their rehabilitation programs (as

per rehabilitation plans)?

c. Did participants return to work? If so, was it with the same employer, different employer, in modified work arrangements, comparable position, other appropriate work?

d. Did attitudes or motivation to re-enter the workforce change among participants? Explain?

e. For those not returning to work (within 6 months or more of program completion), what are the reasons? What has been the impact of their participation in the program

f. To what extent has participation contributed to meeting the project's "independent living" objectives (e.g. improved quality of life and self esteem; contributions to economy; alleviation of needs for CPP)

g. What are the critical determinants of successful rehabilitation for clients (e.g. attitudes, type of disability, geographic location, length of time on CPP etc.)

11. Did the project result in other significant impacts either intended or unintended? What were they? What effect did these have on the overall project, CPP beneficiaries, private sector service providers, rehabilitation service delivery?

12. Is the project the most appropriate and efficient means for achieving the desired objectives relative to alternative design and delivery approaches?

. Is there potential for program delivery through Human Resources Investment Fund with its decentralized and client-centred approach?

b. Should the program be expanded to include re-integration costs of employment (e.g. wage subsidy)?

c. What would be the impact on current vocational rehabilitation services if there were no CPP funding?

TABLE OF CONTENTS

Appendix B - Survey technical notes

1. Survey Methodology

Questionnaire: The survey dealt with issues related to the respondents' characteristics, their experience with NVRP, barriers to returning to work, activities limitations, needs for assistance with daily living, employment history, etc. The survey questionnaire is provided in Appendix C.

In order to allow for a comparison of NVRP clients with the overall population of CPPD beneficiaries, a number of key indicators from the 1995 Survey of CPPD beneficiaries conducted by Statistics Canada were included in the questionnaire. These indicators related to broad demographic factors, activities limitations and needs for assistance with daily living activities,

Sampling Procedures: Questionnaires were sent to all participants of the initial pilot project (1990-93) and the National Vocational Rehabilitation Project (1993-96) who were enrolled in the

project as of March 31, 1996. An additional sample of 300 CPPD beneficiaries who either did not qualify or refused to participate in the project was also surveyed. This comparison sample was selected from the NVRP data base, containing information on all CPPD beneficiaries whose files were reviewed for potential participation in the project. This data base contained about 19,225 files at the time of sampling for the survey.

Survey Process: Data collection activities began at the end of May, 1996, with an initial mailing of survey questionnaires. A reminder letter was sent to non-respondents in mid-June and the last mailing of reminder letters and duplicate survey questionnaires were sent in early July, 1996.

In order to protect the confidentiality of client information data, a system of ID numbers was used to conceal the identity of survey respondents from the researchers. Mailing activities were conducted by NVRP staff at the National Headquarters in Ottawa, while all other survey activities were conducted by SPR Associates.

Responses: Final survey results are based on 670 completed questionnaires received as of early August, 1996. Of these questionnaires, 448 were returned by NVRP clients and 222 by CPPD beneficiaries from the comparison sample. About 40 individuals initially sampled were found to have no current addresses in CPP systems or to be deceased. Thus the survey response rate was 67 percent overall, and 69.7 percent when excluding deceased people or those with no current address. The complete breakdown of survey returns by respondent status is provided in Display 1.

Display 1
Survey Responses

Respondent Status	Number of Returns	Response Rate
NVRP Completion	85	52%
Rehab. In Progress	160	70%
NVRP File Closure	159	69%
Pilot Project	44	57%
Comparison Sample	222	74%
Total	670	67%

Limitations: The survey provides a wide range of useful data, but like all surveys, it reflects certain limitations. One significant limitation of this survey has to do with project communications and the awareness of participants. The survey reveals that a number of project clients were not aware of the NVRP or reported that they did not participate in it and, thus, did not answer all questions about the project. This problem was particularly important for NVRP file closures (persons who did not begin or complete a rehabilitation plan), with only about one third of survey respondents in this category providing complete responses on questions relating to the project.

A number of features of the NVRP, unknown to the researchers at the time of the study design, can explain this surprising result. First, it was found that a significant proportion of beneficiaries classified

as NVRP clients had been referred to a third party rehabilitation consultant but had only received an initial rehabilitation assessment before their NVRP file was closed without any other services being delivered. The file review conducted as part of this evaluation indicated that more than one third of clients whose NVRP file was closed did not receive any services other than an initial assessment. This explains why some respondents believed that they did not participate in the NVRP.

Similarly, it was found that some clients whose CPPD benefits were terminated by NVRP probably received few rehabilitation services, and a few possibly had their benefits ceased immediately after an initial assessment. A review of project expenditures per client indicated that about 10 percent of clients whose benefits were ceased by NVRP resulted in expenditures for the project of less than $1,500. Considering that the cost of an initial assessment can range anywhere between $700 to $1,100, it is very likely that some clients indicated that they did not participate in the NVRP because of the minimal services they received as part of the project. [72]

Finally, the third party delivery system utilized by NVRP, no doubt explains the belief on the part of some clients that they did not participate in the project. These clients may not have been aware of the role of the NVRP because of the more frequent contacts with contractors. As fully explained in this report, outside contractors are responsible for almost all contacts with clients and the lack of project communications was identified as a major concern of the third party delivery system. Display 2 shows the number of participants who provided partial and complete survey responses. Altogether, these patterns of non-recognition of the NVRP may be a concern for CPPD, as accountability and clarity will be maximized, if the project is clearly recognized by potential and actual clients.

Display 2
Respondents' Awareness of their Participation in the NVRP

Respondent status	Reported to be a project participant	Reported not to be a project participant
NVRP Completion	61	24
Rehab. In Progress	102	58
NVRP File Closure	57	102
Pilot Project	22	22
Total	242	206

It should be noted that most tabulations of results presented in this report are based on the full population of survey respondents, with the exception of survey results on the effectiveness of services, client satisfaction and project impacts. Moreover, an analysis presented below indicates that non-response bias resulting from incomplete data is not likely to be a major concern for the validity of survey results.

2. Potential Non-Response Bias

The issue of non-response bias was examined both for project participants who did not return a

questionnaire (about 30 percent of the total survey sample) and for participants who provided partial data because they were unaware that their rehabilitation was under the NVRP.

Survey Non-Response Bias: The potential for addressing the issue of non-response bias was limited by the lack of aggregate data on the population of NVRP participants from the project information system. Thus, it was not possible to examine the issue of non-response using the full range of indicators available in the system, and the analyses presented below are therefore based on a limited set of data collected from the file review component of this evaluation.

Display 3 presents a comparison of indicators from the survey and the file review component of the evaluation, where the file review represents a reasonable estimate of the characteristics of the actual client population. As can be seen, the survey data appear very representative of the overall population of NVRP clients, with very little difference between file/administrative data and survey results on all four variables examined.

Display 3
Survey Non-Response Bias

Indicators	Survey	File Review
Age: 20-29	6.1%	5.3%
30-39	39.6%	41.3%
40-49	38.7%	39.6%
50 +	15.7%	13.8%
Average Time on CPPD	4.1 years	3.9 years
Average CPPD Benefit	$728.50	$731.60
Average Length of Rehab Plan [1]	13.1 months	12.0 months

1. Includes only NVRP clients whose benefits were terminated by NVRP.

Thus, to the extent that the issue can be examined with the limited number of variables available, survey respondents appeared to be representative of the larger population of NVRP clients, and non-response bias was not seen as a major concern for the reliability of survey estimates.

Other Non-Response Bias: The issue as to whether the large number of NVRP participants who were not aware of the project resulted in a non-response bias can be examined more closely, considering the wide range of demographic data available for all survey respondents. Display 4 shows a comparison of results from respondents who were aware of their participation in the project and the entire population of respondents from the survey.

As can be seen, respondents aware of their participation in the NVRP were very similar to the overall population of survey respondents on almost all indicators examined. Differences between the two groups range between zero and three percent for all indicators, with the exception of the indicator on the potential for rehabilitation, where differences range between 2 and 13 percent. The larger difference for this indicator could be attributable to the fact that (as mentioned above) a large number of respondents who were not aware of their participation in the project were probably rejected for

participation after an initial assessment by an outside contractor. Because of this, it is reasonable that they would report lower potential for rehabilitation.

Overall, considering the similarity in responses between the two groups, the researchers concluded that the potential for non-response bias resulting from missing responses from respondents who were not aware of their participation in the NVRP is very limited in most cases, except for those indicators directly related to the respondents' potential for rehabilitation.

Display 4
Non-Response Bias

	Reported to be a Participant	All Survey Respondents
GENDER		
Male	62.2%	64.5%
Female	37.8%	35.5%
YEARS OF AGE		
Between 20-29	7.1%	6.1%
Between 30-39	39.2%	39.6%
Between 40-49	39.6%	38.7%
Over 50	14.2%	15.7%
POPULATION OF CITY/TOWN RESIDING IN:		
Rural or less than 1,000	8.5%	10.5%
1,000 to 29,999	28.8%	26.7%
30,000 to 99,999	24.2%	22.8%
100,000 to 499,000	19.5%	22.3%
500,000 and Over	19.1%	17.7%
HIGHEST LEVEL OF EDUCATION		
No formal education	0.4%	0.7%
Elementary education	4.2%	5.0%
Secondary education	40.6%	42.2%

Some post-secondary education	16.7%	16.5%
Post-Secondary education	28.5%	28.4%
University	9.6%	7.2%
TYPE OF DISABILITY		
Back/joint problems	41.5%	44.3%
Heart/stroke/high blood pressure	13.1%	14.8%
Diabetes	7.9%	7.7%
Psychiatric illness/depression	16.6%	17.8%
Deafness/Blindness	11.4%	10.5%
Nervous system	9.6%	8.7%
Cancer	3.5%	3.0%
Infections/immune disorders	6.1%	4.4%
Allergies	2.6%	4.0%
Lung disease	3.1%	2.6%
Spinal cord injuries	11.8%	11.9%
Substance addiction	0.4%	0.9%
Other	35.4%	37.5%
POTENTIAL TO RETURN TO FULL-TIME EMPLOYMENT		
Good potential	41.8%	30.2%
Average potential	21.4%	19.9%
Low potential	36.8%	49.9%
Average Number of Years on CPP	4.2	4.1

Average Monthly Benefit from CPP	$729.0	$728.5

3. Regression Analyses

Two regression analyses are reported in this evaluation report. The first one examines determinants of successful return to work by CPPD beneficiaries and is discussed in section 3.3.3 of this report. The second analysis examines financial disincentives for participation in the NVRP and is reported in Section 3.4.2 of the report. The following displays present full results from these two regressions.

Display 5
Determinants of Return to Work

****MultipleRegression****

Mean Substituted for Missing Data		
Equation Number 1	Dependent Variable.. E12	Whether Currently Working
Variable(s) Entered on Step Number		
1..	NVRP	Whether Participated in the NVRP
2..	OTHERBEN	Receipt of LTDI or WCB Benefit
3..	E9	Receipt of Dependent Child Benefits
4..	E4	Highest Level of Education
5..	E1	Years of Age
6..	E2	Gender
7..	CPPLGTH	Number of Years on CPP
8..	SEVERITY	Reported Act. Limit. and Needs for Assis.
9..	E14	Pre-Disability Earnings
10..	E10	Average Monthly Benefit from CPP

Multiple R	.36621
R Square	.13411
Adjusted R Square	.12097
Standard Error	.34547

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	10	12.18165	1.21817
Residual	659	78.65168	.11935

F = 10.20666 Signif F = .0000

-------- Variables in the Equation --------

Variable	B	SE B	Beta	T	Sig T
E1	-.027562	.017280	-.059480	-1.595	.1112
E2	.017546	.028284	.023393	.620	.5352
SEVERITY	-.131125	.018616	-.263623	-7.044	.0000
E4	.028073	.011858	.088041	2.368	.0182
E9	.027010	.030103	.035585	.897	.3699
E10	.008079	.023064	.014396	.350	.7262
OTHERBEN	-.055239	.031991	-.066732	-1.727	.0847
E14	.021137	.022689	.037048	.932	.3519
CPPLGTH	.060416	.028341	.079772	2.132	.0334
NVRP	.099294	.030257	.126934	3.282	.0011
(Constant)	.064655	.122488		.528	.5978

Display 6
Disincentives to Participate in the NVRP

****MultipleRegression****

Mean Substituted for Missing Data

Equation Number 1	Dependent Variable..	Group
Variable(s) Entered on Step Number		
1..	SEVERITY	Severity of Disability
2..	E14	Pre-Disability Earnings
3..	C3	Worked Part-Time/Occasionally while on C
4..	E9	Receipt of Dependent Child Benefits
5..	E2	Gender
6..	NUMBARR	Number of Barriers to Employability

7..	E15	Other Household Persons Currently Employ
8..	OTHERBEN	Receipt of LTDI or WCB Benefit
9..	E10	Total Monthly Benefit from CPP
0..	E16	Total Household Income in 1996

Multiple R	.29319
R Square	.08596
Adjusted R Square	.07209
Standard Error	.45375

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	10	12.76018	1.27602
Residual	659	135.68162	.20589

F = 6.19756 Signif F =.0000

---------- Variables in the Equation ----------

Variable	B	SE B	Beta	T	Sig T
E2	.056410	.023151	.091473	2.437	.0151
E10	.025517	.029085	.036607	.877	.3806
E9	-.032055	.039006	-.033036	-.822	.4115
OTHERBEN	.028450	.042533	.026885	.669	.5038
E14	.016024	.029512	.021970	.543	.5873
E16	.027891	.028637	.043786	.974	.3304
E15	.028129	.042005	.029200	.670	.5033
NUMBARR	-.105253	.025834	-.154535	-4.074	.0001
C3	-.024983	.016573	-.056734	-1.507	.1322
SEVERITY	.135944	.024045	.213797	5.654	.0000
(Constant)	1.086166	.162088		6.701	.0000

Appendix C - Survey Questionnaire and File Review Form

Evaluation of the Canada Pension Plan Vocational Rehabilitation Services

The National Vocational Rehabilitation Project: The National Vocational Rehabilitation Project is an initiative of the Canada Pension Plan (CPP), administered by Human Resources Development Canada (HRDC), which aims to help CPP disability beneficiaries obtain the skills to return to regular employment. Since the beginning of the project in 1990, rehabilitation services have been offered to a number of CPP disability beneficiaries who were identified as having a potential for rehabilitation, many of whom have now returned to regular employment. Participation in the program is voluntary. Clients make a commitment to participate by signing a consent form.

This Survey: This survey explores different issues related to vocational rehabilitation needs of CPP disability beneficiaries and their potential to return to the workforce. It is intended both for people who have participated in the National Vocational Rehabilitation Project (NVRP) and for other CPP disability beneficiaries. We would like you to answer a few questions on your disability, obstacles you may have faced in attempting to return to the workforce, your vocational rehabilitation experience and your employment history. The views of disability beneficiaries are an essential part of this evaluation as they will help shape future services offered under the Canada Pension Plan. Participation in this survey is voluntary.

Confidentiality: This survey will be administered in accordance with the provisions of the *Privacy Act* and the *Access to information Act*. Any information you provide in responding to this survey will be protected under the Privacy Act. Your responses to this questionnaire will not affect your eligibility for CPP disability benefits in any way. Please do not write any information on the questionnaire which may reveal your identity (such as your name, address, Social Insurance Number, etc.). The ID number on this page of the questionnaire will only be used for follow-up to non-respondents by HRDC and does not reveal your identity to the researchers. The information will be held in HRDC Personal Information Bank HRDC PPU 450.

How to Complete this Questionnaire: This questionnaire has been designed for easy completion. Most questions can be answered by filling in a circle. inserting a number in a box or writing a short answer. Please follow the instructions carefully as you may be asked to 'skip' certain questions if they do not apply to your situation. For instance, people who have not participated in the National Vocational Rehabilitation Project are only asked to complete Sections A, C, D and E.

To fill in a circle, for example:
"Is this the way to fill in a circle?"

- ● Yes
- o No

Return Address/Inquiries: Please complete this questionnaire and return it within the next 7 days in the enclosed pre-paid envelope to: Survey Office, 2 Canton Street, Suite 804, Toronto, Ontario, M5B 1 J3. If you have any questions or concerns regarding this survey, please call the survey Office at: 1-800-363-0832.

Ce questionnaire est aussi disponible en français.
Pour en obtenir un exemplaire, veuillez composer le: 1-800-267-6251

A. The National Vocational Rehabilitation Project

A.1 Have you ever heard of the Canada Pension Plan (CPP) National Vocational Rehabilitation Project (NVRP)?
(Fill in One Circle)

- o Yes
- o No —> Go To C.1

A.2 How did you first hear about the NVRP?
(Fill in One Circle)

- o Received a call from a rehabilitation officer at CPP
- o From the NVRP brochure
- o From your previous employer
- o From your private insurance company
- o From HRDC client service centre
- o Other (Specify) _____

A.3 Did you participate in the NVRP?
(Fill in One Circle)

- o Yes
- o No —> GO TO A.5

A.4 What is the main reason why you did not participate in the NVRP?
(Fill in One Circle)

- o Not contacted by CPP/not invited to participate
- o Limited job opportunities
- o State of health did not permit
- o Did not want to return to the workforce
- o Attempted vocational rehabilitation programs in the past, but they failed
- o Family responsibilities (raising children, pregnancy)
- o Fear of losing CPP disability benefits
- o Fear of losing other benefits (retirement pension/private disability insurance/social assistance)
- o No need for additional income
- o Lack of adequate transportation/support services
- o Other (Specify) _____

If you did not participate in the National Vocational Rehabilitation Project, please go to Section C

A.5 When did you begin your rehabilitation program under the National Vocational Rehabilitation Project (NVRP)?

☐☐ (Month) 19☐☐ (Year)

A.6 What is the main reason why you decided to participate in the NVRP? (Fill in One Circle)

- o Wanted to re-enter the workforce
- o Wanted to increase income
- o Wanted to increase independence
- o Felt compelled to participate to keep CPP disability benefits
- o Other (Specify) _____

For survey office use only
23/05

☐☐☐☐ ☐☐☐☐ (Date)

A.7 Please indicate what vocational rehabilitation services you received from the NVRP and how helpful these services were in increasing your potential to find regular employment. (Fill in the Circles for Services Received and, to Evaluate these Services, also Fill in a Circle on a Scale of "1" to "5" where "1" Is not at All Helpful and "5" Is Very Helpful)

Services Received		**Helpfulness**				
		Not Helpful				**Very Helpful**
Evaluation:	o Aptitude/interest testing.	(1)	(2)	(3)	(4)	(5)
	o Evaluation of physical capacities.	(1)	(2)	(3)	(4)	(5)
	o Analysis of current skills/education.	(1)	(2)	(3)	(4)	(5)
	o Work site analysis.	(1)	(2)	(3)	(4)	(5)
Job search:	o Resume preparation.	(1)	(2)	(3)	(4)	(5)
	o Training in job search techniques.	(1)	(2)	(3)	(4)	(5)
	o Job search assistance (i.e. job leads).	(1)	(2)	(3)	(4)	(5)

Upgradinq and other services:	o On-the-job training.	(1)	(2)	(3)	(4)	(5)
	o High school upgrading.	(1)	(2)	(3)	(4)	(5)
	o Short-term retraining (individual training courses).	(1)	(2)	(3)	(4)	(5)
	o Formal education program (degree/ diploma).	(1)	(2)	(3)	(4)	(5)
	o Physical conditioning program/work hardening.	(1)	(2)	(3)	(4)	(5)
	o Provision of assistive devices.					
Follow-UP:	o Follow-up after job placement.	(1)	(2)	(3)	(4)	(5)
Other	o Specify:					
	_____	(1)	(2)	(3)	(4)	(5)
	_____	(1)	(2)	(3)	(4)	(5)

A.8 How satisfied are you with the services that you received from the private rehabilitation consultant who worked with you under the NVRP? (Fill in One Circle)

Not Satisfied (1) (2) (3) (4) (5) Very Satisfied

A.9 Are there any other services not provided by the NVRP, which would have been useful in helping you return to regular employment? (Fill in One Circle)

o Yes --> Specify _____

o No _____

A.10 What is the current status of your vocational rehabilitation program? (Fill in One Circle)

o Rehabilitation program is completed (whether or not you returned to work)

When? ☐☐ (Month) 19 ☐☐ (Year) —> Go To A.12

o Rehabilitation program is in progress) —> GO TO A.12

o Rehabilitation program was stopped by CPP before completion) —> GO TO A.12

o You withdrew from the program, WHEN?

☐☐ (Month) 19 ☐☐ (Year)

A.11 Why did you withdraw from the NVRP? (Select All that Apply by Filling in the Circles)

- o Did not want to lose CPP disability benefits
- o Too physically or mentally demanding
- o Could not obtain certain services that were needed (Explain Below)
- o Family responsibilities (raising children, pregnancy)
- o Lack of transportation
- o Inadequate support from the NVRP (Explain Below)
- o Services provided were not satisfactory (Explain Below)
- o Lack of motivation to complete the program
- o Other (Specify) _____

EXPLANATION: _____

_____

A.12 How successful have you been in reaching your rehabilitation goals? (Fill in One Circle)

Not Successful	(1)	(2)	(3)	(4)	(5)	Very Successful

A.13 Did the NVRP result in any of the following improvements to your quality of life? (Select All that Apply by Filling in the Circles)

- o Increased financial independence
- o Increased independence generally
- o Increased ability to undertake daily activities
- o More education/new or improved skills
- o Improved health/well-being
- o Increased motivation to return to the workforce
- o Improved chance of being employed
- o Increased self-esteem
- o Improved quality of life generally
- o Other (Specify)_____

A.14 Overall, how satisfied are you with the National Vocational Rehabilitation Project? (Fill in One Circle)

Not Satisfied	(1)	(2)	(3)	(4)	(5)	Very Satisfied

If you have completed your rehabilitation program, please complete the following sections. Otherwise go to Section C

B. NVRP Impacts on Employment

B.1 After completion of your rehabilitation program, did you find regular employment? (Fill in One Circle)

- o Yes
- o No —> Go To B.6

B.2 Would you have been able to find work without NVRP? (Fill in One Circle)

- o Yes
- o No

B.3 How many months after the completion of your rehabilitation program did you find regular employment? (Provide Best Estimate)

☐☐ # of Months

B.4 Which of the following best describes the type of employment you found? (Fill in One Circle)

- o Old job with previous employer
- o Different job with previous employer
- o Similar to old job, but with different employer
- o Different job with different employer
- o Self-employment
- o Other (Specify) _____

B.5 How satisfied are/were you with this work? (Fill in One Circle)

Not Satisfied	(1)	(2)	(3)	(4)	(5)	Very Satisfied

B.6 Did your participation in the NVRP eliminate your need for disability benefits? (Fill in One Circle)

- o Yes —> Go To C.1
- o No

B.7 If your CPP disability benefits were stopped after completion of the NVRP, did you ever re-apply for CPP disability benefits or appeal the decision to terminate your benefits? (Fill in One Circle)

- o Yes, I re-applied for benefits
- o Yes, I appealed the decision
- o No —> Go To C .1
- o Not applicable, still receiving CPP disability benefits
  —> Go To C.1

B.8 Were your CPP disability benefits re-instated? (Fill in One Circle)

- o Yes
- o No
- o The application/appeal is being processed

C. Return to Work Efforts

C.1 Since you started to receive CPP disability benefits, have you ever looked for work, other than as part of the National Vocational Rehabilitation Project (NVRP)? (Fill in One Circle)

- o Yes
- o No

C.2 Are there any barriers, other than a physical or mental condition, that have discouraged you from looking for work or returning to work? (Select All that Apply by Filling in Circles)

- o No jobs available
- o Difficult to find a job which will accommodate your disability-related needs
- o Difficulty communicating in official languages
- o Lack of accessible transportation
- o Fear of losing your CPP disability benefits if you went to work
- o Fear of losing other income if you went to work
- o Fear of losing some or all of your current additional supports, such as a drug
- o plan or housing, if you went to work
- o Your family and friends have discouraged you from going to work
- o Family responsibilities prevent you
- o Information about jobs is not available to you
- o You have been the victim of discrimination
- o You feel that your training is inadequate
- o You worry about being isolated by other workers on the job
- o Close to retirement/already retired
- o None of the above
- o Other (Specify) _____

C.3 While receiving CPP disability benefits, did you ever work part-time or occasionally and, if so, for how many months overall? (Excluding any months of work during NVRP) (Fill in One Circle)

- o Yes — For ☐☐ (Months)
- o No

C.4 Since the onset of your disability, have you ever received any vocational rehabilitation services other than through the NVRP? (Fill in One Circle)

- o Yes —> How long ago? ☐☐ (Months)
- o No

C.5 With appropriate vocational rehabilitation services, how would you assess your potential to return to full-time regular employment in the future? (Fill in One Circle)

Poor (1) (2) (3) (4) (5) Excellent

o Not applicable, currently working

D. Activities Limitations and Independent Living

D.1 Please indicate whether you currently have no difficulty, some difficulty or you are completely unable to engage in the following activities: (Fill in One Circle for Each Item)

	No Difficulty	Some Difficulty	Completely Unable
(a) Hearing what is said in a group conversation with at least three other people (with a hearing aid, if normally used)?	o	o	o
(b) Seeing ordinary newsprint (with glasses, if normally used)?	o	o	o
(c) Speaking or being understood?	o	o	o
(d) Walking 400 yards/metres without resting (about three city blocks)?	o	o	o
(e) Walking up and down a flight of stairs (about 12 steps)?	o	o	o
(f) When standing, do you have difficulty bending down and picking up an object from the floor (for example, a shoe)?	o	o	o

D.2 Do you currently require any assistance from others to do any of the following activities? (Fill in One Circle for Each Item)

	Require assistance from others	Do not require assistance from others	Not applicable
(a) Prepare your meals	o	o	o
(b) Shopping for groceries or other necessities	o	o	o
(c) Everyday housework, such as dusting or tidying up	o	o	o
(d) Heavy household chores such as washing wails, yard work or snow removal	o	o	o
(e) Personal finances, such as banking or paying your bills	o	o	o
(f) Moving around (for example, walking, etc.)	o	o	o

E. About Yourself

E.1 What is your age?

☐☐ Years

E.2 What is your gender? (Fill in One Circle)

o Male
o Female

E.3 What is the approximate population of the city, town or rural area in which you live? (Fill in One Circle)

- o Rural or less than 1,000
- o 1,000 to 29,999
- o 30,000 to 99,999
- o 100,000 to 499,999
- o 500,000 and over

E.4 What is the highest level of education that you have completed? (Fill in One Circle)

- o No formal education
- o Some elementary education
- o Elementary education completed
- o Some secondary education
- o Secondary school completed
- o Some post secondary education
- o Post secondary certificate/diploma other than university
- o University degree

E.5 What are the main health conditions you have for which you receive (or have received) CPP disability benefits? (Select All that Apply by Filling in the Circles)

- o Back/joint problems (e.g. arthritis/rheumatism)
- o Heart/stroke/high blood pressure
- o Diabetes
- o Psychiatric illness/depression
- o Deafness/blindness
- o Nervous system (e.g. multiple sclerosis)
- o Cancer
- o Infections/immune disorders (e.g. AIDS, tuberculosis)
- o Allergies (e.g. asthma, environmental hypersensitivity)
- o Lung disease
- o Spinal cord injuries (e.g. paralysis)
- o Substance addiction
- o Other (Specify) _____

E.6 When did you start receiving Canada Pension Plan (CPP) disability benefits?

☐☐ (Month) 19☐☐ (Year)

E.7 Are you still receiving CPP disability benefits? (Fill in One Circle)

- o Yes —> Go To E.9
- o No

E.8 When did you stop receiving CPP disability benefits?

[ ][ ] (Month) 19[ ][ ] (Year)

E.9 Do you currently receive Dependent Child benefits or were you receiving Dependent Child benefits in the last month before your disability benefits were ceased? (Fill in One Circle)

o Yes —> For [ ] # of Children
o No

E.10 What is/was your total monthly benefit from the Canada Pension Plan? (Provide Best Estimate)

$[ ][ ][ ][ ].00 (Monthly Benefit - nearest dollar)

E.11 What other benefits from the following private and public sources do you currently receive or were you receiving while you were on CPP disability benefits? (Select All that Apply by Filling in the Circles)

o Workers' Compensation Board
o Social Assistance (provincial/municipal disability or welfare)
o Private long-term disability insurance
o Automobile accident insurance
o Retirement pension (from employer or other source)
o Other (Specify) _____
o None of the above

E.12 Are you currently working and, if so, what type of work do you do? (Fill in One Circle)

o Yes —> o Part-time work
o Occasional/seasonal work
o Full-time work
o No —> Go To E.14

E.13 What is the total amount of employment earnings you expect to make in 1996? (Provide Best Estimate)

$[ ][ ][ ],[0][0][0].00 (Employment earnings in 1996 - nearest thousand)

o None

E.14 What is the total amount of employment earnings you made in the last year you were employed full-time, prior to receiving - CPP disability benefits? (Provide Best Estimate and Indicate the Year)

$ [ ][ ][,][0][0][0] .00 (Pre-disability earnings - nearest thousand)

19 [ ][ ] (Year) o N/A

E.15 Are any other people in your household (people who normally live with you) currently employed? (Fill in One Circle)

o Yes
o No

E.16 What is your total household income expected for 1996? (Give Best Estimate)

$ [ ][ ][,][0][0][0] .00 (Household income in 1996 - nearest thousand)

E.17 Is there anything else you would like to say about the National Vocational Rehabilitation Project or the way vocational rehabilitation services could be provided through the Canada Pension Plan? Please attach additional pages if necessary.

Thank You for Completing this Questionnaire

Should you wish to obtain any information pertaining to this survey, you may submit a request, pursuant to the Privacy Act 1 and/or the Access to Information Act, to Human Resources Development Canada (HRDC). Instructions for making a formal request are provided in the government publication entitled "Info Source", copies of which are located in the local 1 HRDC service centres. Please quote the name of the survey and Personal Information Bank number HRDC PPU 450.

A. General

A.1 lD.# [ ][ ][ ][ ]

A.2 Year of birth: [ ][ ] (Years)

A.3 Contractor: ☐☐ (Code)

A.4 Monthly benefit: $ ☐ , ☐☐☐

A.5 Highest grade completed in school: ☐☐

A.6 Attended university or college?

- o Yes
- o No

A.7 Receipt of other benefits:
- o Sick Leave
- o Disability Insurance
- o WCB
- o None of the above

A.8 Was a cost-sharing agreement concluded with other providers

- o Yes
- o No

	Month	Year
A.9 Onset of disability	☐☐	☐☐
A.10 Adjudication date	☐☐	☐☐
A.11 File received at rehab. unit	☐☐	☐☐
A.12 File sent to rehab. contractor	☐☐	☐☐

B. Work History

B.1 Whether working at the time of the application:

- o Yes
- o No

B.2 Did the applicant plan to return to work in the future

- o Yes
- o No

o Uncertain

	START Month	START Year	END Month	END Year	
B.3 Most recent occupation:					o Self-employment
B.4 Other work in previous 5 yrs:					o Self-employment
					o Self-employment
					o Self-employment
					o Self-employment
					o Self-employment

C. Current Rehabilitation Status

C.1 Status:

o Ceased —> Reason [ ] (Code)

Length of program: [ ] (Months)

o Closed
o In progress
o Appeal

If the client received only an initial assessment, enter code "88"

C.2 Catual cost of rehab. program:

$ [ ][ ][ ],[0][0][0]

N.B. If the case is closed and expenditures are below $1,500, verify what services were received and enter code "88" at C.1 if only an initial assessment was preformed.

Appendix D - Responses to Open-Ended Questions

Question A.4: What is the main reason why you did not participate in the NVRP?

WCB supplied source. Because I had to do re-training on my own. Went through rehab. through insurance company at work. Had initiated voc. rehab already. Had to finish high school. Disqualified; no letter explaining why was sent. I sent letter of complaint; no answer. Going to school. Went back to previous job. You people felt that because I right an abusive situation that my life was in crisis and

discontinued me which I feel was my personal life in which you judged me. Not invited yet. Could not afford to stay in Windsor to attend your evaluation. Someone from a vocational institute interviewed me and due to my disability told me I was unable to find a job. Income Maintenance staff said that I could not ever work again. Too short a training period and insufficient funds. Aptitude tests and evaluations. Involved with WCB. Government won't retrain if not on UIC. Denied by recommendation of consultant. Couldn't find anything for me. CPP rehab officer said I was not eligible. State of health did not permit. State of health did not permit. Told by NVRP counsellor to pursue rehab. through provincial program.

Question A.6: What is the main reason why you decided to participate in the NVRP?

Medical approval. New career, re-training. Upgrade schooling and career change. Was told that my LTDI would not continue. Was losing my CPPD and health improved. Insurance company told me to apply for CPPD. To help me through school to get me working. Learn new skills, as I am unable to return to construction. Want to see if I could find suitable training and overcome health problems. Feel good about myself; self-esteem. Wanted to contribute to society and needed financial help. Wanted part-time work and be subsidized by CPP so I could maintain benefit income and self-esteem. Socialize, get out of house. Felt program was helpful. Wanted to see if I can move around more but I am unable to go with it. Need financial assistance with program fees. Care for my family. To evaluate my possible work skills. Wanted to feel good about myself again. To see how limited I was in doing things, if any limitations. Told I had to.

Question A.7: Please indicate what vocational rehabilitation services you received from the NVRP.

Previous employer letter of referral. Communicating to me personally. Resumed job held prior to illness; helpful guidance from contact at NVRP. There was one follow-up call. Liaison/employer liaison/disability insurance. Returned to former job. Case management. Work experience. Individual contact and support. Support with ongoing rehab. Renovate kitchen to help me with my own business. Provided info regarding employee rights. Encouraged to do volunteer work.

Question A.9: Are there any other services not provided by the NVRP, which would have been useful in helping you return to regular employment?

Keep promises. More evaluation of my disability. Explain services and give encouragement. Follow through with re-training. Re-training. Help with job search. On the job training placements. C.H.S.; CNIB/VRS. Tuition, health condition follow-up. Testing of capabilities; computer upgrading. On-the-Job training. Not being cut off CPP. Proper equipment in the workplace. Financial assistance for self-employment. Job site analysis. Re-training. Provide an advocacy service. Needed assistive devices which were provided by my new employer. Should be more awareness of program. Should be more access to information. Worker with a better understanding of all aspects of recovery. Gov't should offer employers incentives to hire disabled. Placement follow-up. To keep promises; promised 2 yr. course but was cancelled. Job awareness program. A CPP doctor to watch progress. Help in funding for education supplies such as computer and drafting equipment. Longer re-training for already skilled people with no work in skilled area.

More financial assistance to complete programs. Assessment should accommodate my disability; tests were outdated and unsuitable for blind people. Job leads. Trade program. List of potential employers

for particular field. Small business start-up training, e.g. business plan, etc. Funding to go to school. Some funding for training. Incentive to employers. More info provided to recipients earlier on. Working with us and employers in person. Computers; help in pain management support, etc. Direct contact by NVRP. Help in job leads. Training. More one-on-one guidance and encouragement. They wanted me to pay for my gas, motel and meals then be reinstated; I am a single parent on a very limited budget. Provide re-training in a different occupation. Finding me an employer that will hire me as a disabled person. Short term (1-2 hours) work.

Inform employers. More follow-up. A computer and a chair for school. Need to recognize my requirements. Services for those who want to be self-employed. Re-schooling. Re-training and better job contacts. More flexible programs. *Éducation de certaines personnes sur l'état de santé de la personne qui est sur le PNRP (ignorance chez certaines personnes)*. More education to change occupation. Proper evaluation; realistic job search; better understanding of my disability. More time for preparation. Re-training. I need a service that can pinpoint my skills, not give a long list of possibilities. Job search assistance and follow-up. Longer programs. Direct access to a job at my own pace. I would be interested in upgrading and computer training in medical field, which is area of my expertise. Compensation.

Question A.11: Why did you withdraw from the NVRP?

Told I would get into own business. Never did. I didn't withdraw, they cancelled me and told me my $5,000 allotment was used up in an attempt to make the cancellation my fault. Felt I wasn't guaranteed a good chance of getting re-training I needed to get a good job for which my disability allows. To qualify for employer offered permanent part-time employment I began work on a part-time basis 1-2 days/week. Severe angina attack; sent to school for updating on computers and placed as night auditor in small motel (no computers) which meant training was useless. Went to hospital for back surgery. Attitude of rehab. consultant has been disgusting and contemptuous. Total lack of compassion. Health problems. My health has deteriorated. Health continued to deteriorate. Doctor recommended closing my file, but NVRP kept bothering me, rehab worker very intrusive. Injuries too severe. After I attended training the consultant made me type for 5 hours straight. My doctor told me I now have fibromyalgia. Relapse. Courses I had chosen were dropped. Finished re-training and re-entered workforce. I did the tests but never heard from NVRP again. Blindness in right eye.

Question A.13: Did the NVRP result in any improvements to your quality of life?

Cold calling employers. Had heart transplant; program enabled me to gradually regain confidence as a working member of society. None, I did it all on my own. Feel I am human again and can be employed soon. Upgraded resume. Boosted my mental state of health and confidence. No improvements but lots of frustration and intimidation. Awareness of government handling of disabled people. Case worker decreased my motivation and self-esteem. No improvements received.

Question C.2: Are there any barriers, other than a physical or mental condition, that have discouraged you from looking for work or returning to work?

Convincing employers of my ability. Need references. Wasn't able to work enough hours. Lack of assistance in re-training, lack of facilities for re-training. Employer indicated there was a place for me, but has now reneged. Doctors felt I was well enough to return to work. Insecurity in ability to handle job to the fullest. Ignorance/bigotry of population. Not educated. Unable to do job in career I am

trained in for many years. Any job I think I am qualified for is a lot less money than I was making before stroke. Should have financial assistance from CPP to make up difference in lost wages. *Toujours encouragé à trouver.* No jobs in my field of training. I am taking a course. Help in obtaining a job. I am still employed but unable to do job requirements as a labourer due to spinal cord injury. I went back to work and when I re-applied for benefits I waited 18 months before I was accepted. Lack of education. Afraid of what will happen if I do work and find it does not work out with my health problems and I do not qualify for CPPD again because of some changes in condition although not major. Fear of re-injury and knowledge that companies that hire disabled is extremely limited.

Age discrimination. Doctors orders. Death of family member. I went back to work but was unable to do job (laid off). Have been out of work so long employers are afraid to hire me. I am unable to work in field I am training in currently. Need more training and time to get better. Not enough financial support. No training available to obtain employment. Lack of education (grade 4). Return to work may increase health problems. Fear of not being able to cope with stress of a new job and being cut off by CPP. Most employers will only consider people who are funded, and then the job disappears once funding stops. Poor writing skills. With my injury potential, employers are reluctant to hire for fear of ending up on WCB. Returned to work for 1.5 months; management felt I could not handle workload re: staff cutbacks. Not enough education. Could possibly work 2-3 days/week but CPP doesn't allow for that. My employer did not allow me to work part-time basis for my management skill. Lack of drivers licence. Have insufficient education for better job other than housecleaning. Previous job lost to downsizing.

Question E.5: What are the main health conditions you have for which you receive (or have received) CPP disability benefits?

Fibromyalgia. (x17) Legally blind. Joint knee replacement, foot surgery. Multiple surgeries following complications with colitis. Hemipalegic Migraine causing paralysis. Arterial surgery, right leg. Heart Transplant. Left arm. Hips. Amputation of thumb. Severe foot injuries. Crohn's Disease. (x3) Chronic fatigue syndrome. (x7) Hand/arm/nerve muscle damage. Kidney Failure. Nerve damaged right leg. Vision problem. Amputated right arm. *Infirmité à une jambe.* Injured legs. Disc problems. Partial amputee (arm). Hip replacement. Amputation. Mangled foot. Kidney failure. Arthritis. Osteonecrosis. Colon removal. Neck injury. Amputation of right foot. Polio syndrome. Minuires disease. Circulation problems. Malignant hyperthermia. Herniated discs. Head injury. Visual impairment. Head injury and vision problem. Dyslexic. Legs crushed in M.V.A., reflex sympathetic dystrophy. Memory loss due to brain tumor. Back injury. Brain operation. Neck, shoulder, back injury.

Broken ankle and pelvis. Blindness. Poor vision. Blindness. Aneurysm and clinical depression. Mental illness. Food allergy and loss of control of bowels. Hip problem. Reflex sympathetic dystrophy. Partial paralysis right side with chronic pain. Cerebral Vasculitis. I am a manic depressive. Ulcerative colitis and ostomy. Myalgic EncePhalomyleitus. Closed head injury. Loss of right foot. Multiple compound fractures, tibia and fibia. Malignant hyperthermia. Chronically ill due to kidney failure. Brain tumors. Legs injured permanently. Inability to speak due to severe Lupus. Loss of right leg at hip. Accoustic Neuroma. Migraine. Head injury. Poor eyesight. Heart disease. A.V. malformation removed by brain surgery and complicated by epilepsy. Congenital dislocated hips. Chronic pain. Breast cancer. Post polio syndrome. Brain damage. Neck degeneration. Sleep Apnea. Weight. Arms. Third-degree burns. Multiple fractures. Pituitary adenoma with complications arising from treatment. Gunshot wound to the groin area.

Question E.11: What other benefits do you currently receive or were you receiving while you were on CPP disability benefits?

LTDI (x9) Family benefits. Armed Forces Disability Pension. Medical/Dental. Prescription drug plan. Accident benefits SPF1. Annuity for life. Interest Income. D.N.D. SISIP long term disability. Family Benefits Assistance. +55 Manitoba. WCB Disability pension for right wrist. Family benefits. Oxygen and drug benefits. Medical pension from Indian Affairs. Parents.

Question E.17: Is there anything else you would like to say about the NVRP or the way vocational rehabilitation services could be provided through the Canada Pension Plan?

All assistance I got was how to fill out resumes which I already know how to do. Promises made by consultant regarding owning my own business but nothing happened. Needed more assessment of my condition. Wish I could have received computer training.

The only service I was provided with was the original evaluation. However, when my CPPD was cut off I was more motivated to replace that income with my own.

I thought I was almost abused by this group. All I received were visits from an extremely hyperactive counsellor and no practical help or advice. What I did see was a list of hundreds of types of jobs I should be capable of including horse handicapper. I am a Registered Nurse.

When I ran out of UIC and had only CPPD, I was forced to take a job, which disqualified me from CPPD and re-training.

I did not like the fact that my pension was terminated at the end of NVRP without my having a job in place.

Benefits should be continued until after you get a job. I was cut off as soon as I got out of school and I'm stuck with payments for my school loans. I can't afford transit fare to interviews.

CPP, OSAP and VRS worked together to provide pension, child care, tuition and books and special needs equipment that allowed me to, in 2 years, complete my college education in Information Systems. The cooperation of resources was very effective, and from my experience, the program was a real success.

CPP paid a vocational consulting group to help me find work. All they have done is critique my resume and be very polite to me. They are located 250 miles away so have no idea about work in my area.

Slow, inept contract workers; I had completed my own evaluation and vocational training by the time NVRP contract worker made contact.

They talked my employer into a work hardening program part-time hrs until I was strong enough to return full-time. They wanted my return to be successful as I did.

Overall, program was satisfactory; I went back to work because I could not accept that my back was not going to get better.

When I started NVRP rehab goals were set up but due to my level of pain could not reach goals; my CPPD was discontinued without informing my rehab worker or myself and now under appeal.

I am very grateful for the help I received.

I have gone back to school and been employed by 2 different employers in under 9 months. Both dismissed me and I blame it on my depression.

Very informative.

NVRP did nothing to help me and even short term contract secured that ended my disability benefits was independent to any efforts provided by this program.

NVRP was invaluable in helping me to slowly get used to working again after heart transplant.

I destroyed my hip in the job placement, put on surgery list, this cut off by CPP.

Distance from counsellor; cost of medicine; had to stop taking medicine 3 years ago because I couldn't afford it but didn't want to go back to CPP.

CPP counsellors should stop making misrepresentations; they said I could not receive training in area I was interested in. Take client's input into consideration in developing and following through on a rehab. plan.

CPP counsellor should not be able to unilaterally decide which area of employment a client can be allowed to look into or to cancel a program. If CPP receives recommendation from CPP rehab counsellor regarding clients eligibility for benefits, a meeting should be arranged with client before a decision is made to decide whether to terminate clients benefits.

My experience with NVRP was very disappointing. My consultant promised that my CPPD benefits would not be affected and it did. Then the evaluation was not appropriate for my disability. Then said I would get financial help for special vision devices but never got a dime. Made me feel inadequate. Today I have no job, no CPPD and no special devices. I have many disabled friends who approach me about NVRP and I discourage them to go for it.

If I knew then what I know now, I would not have said yes to being involved in NVRP.

When promises are made, they should be kept.

Should be more emphasis on finding person a suitable job without fear of losing benefits.

After being accepted for CPPD in June, 1994, in April. 1996 I received letter from CPPD that my benefits were being discontinued. Letter stated that disability must be severe and prolonged. I have documentation from 3 specialists stating my disability is severe and prolonged, but have not been returned to CPPD.

I feel NVRP has been great. I have been given a chance I may not have otherwise had and even though I could not complete it, I now have learned to accept my disability which I had a lot of difficulties with.

We need consultants in rural areas.

Can't understand why CPP stopped my benefits when I tried the work training, and my condition worsened and my Doctor advised that work was not possible. My consultant never called my doctor.

NVRP should understand more of what were dealing with. My contact did not understand my problem. My consultant is not an honest person, didn't do anything to help.

Service was prompt, efficient and the personnel were excellent to correspond with.

Would be very helpful if representation were made by NVRP with potential employers. After long absence from workforce very difficult to get "foot in the door". Also, it should be possible for CPPD recipient to earn some income.

Treated fairly this time; I was cut-off previously (1994) without warning. Got re-instated after 10 months; no explanation or apology was ever given.

CPP contacts should have background in disability in order to better relate/understand disability problems. More personal, one-on-one contact. Excellent program.

This service very needed. Should be administered by persons with disabilities. Common sense should prevail when dealing with recipients as was not done in my case.

My vocational worker has reviewed many different careers with me. We believe we have found one that I may be able to do, and looking into enrollment.

Physical assessment through my consultant was a joke. Cannot judge physical limitations in 5 minute evaluation.

Program needs to become less bureaucratic in nature to fulfill individual needs of disabled; took part in education program which right me as unemployable as I was before I started. Only change is that by Aug., 96 I will have zero income because my pensions will be terminated. I am abandoned by my government.

Not much done for me other than monitor my situation.

Would be helpful if you provided assistance for school such as books, tuition, clothing allowance.

I was disappointed in program. I found my own job and did not receive any help described in questionnaire. Received a resume which was wrong and I had to redo.

Need help in paying for school courses.

I was told when I signed the re-training agreement that I would be supplied a computer to aid in my training but due to gov't cutbacks I was forced to finance purchase of computer on my own. The only aid I received while my schooling was taking place was fuel and parking. Far different than what I understood at beginning of re-training process. A situation that was supposed to get me re-trained in a timely manner at no expense to me, has put me approximately $12,000 in debt. Thanks for opportunity to re-train but at this time I am still in same situation, out of work and on CPPD.

I would like to thank NVRP for giving me opportunity for re-training and finding meaningful employment. I am now employed as a full time sales rep. which is more conducive to working with my condition. Also a special thank you to my consultant, who was a great support for me.

I found the delay between my call and action very frustrating. I returned to work 99% through my own efforts. I was on my way back to work by the time CPP got involved. The rehab process is frustrating,

annoying and of little value.

J'ai fait une demande pour suivre un cours de chauffeur de camion classe A-Z mais personne ne veut payer le $3,000 / cours. Je ne pourrais certainement pas me le payer avec le petit revenu que j'ai. Je suis très très deçu de votre service de réadaptation professionnelle et du RPC.

CPP should support and assist people to find a job which will accommodate their disability before terminating their benefits. NVRP should ensure employer share responsibility of rehab and accommodation of work of injured workers.

Did not get to see the benefits of NVRP.

If an individual has ability and desire to do their best to return to work, I think they should qualify. Very upset with how I was treated.

NVRP could use better P.R. to let CPP clients know what services are available.

Did not feel nature of my disability was properly understood by clerical people at CPPD. Felt that I was just another "file #" and not an individual.

Recipients of CPPD who are young enough should be required to investigate NVRP to reduce gov't spending.

Due to my disabilities this program has not been successful. If my condition improves hope program available once again.

Whole process has right me frustrated and depressed. I felt that I was abandoned when I needed the services the most. I felt that NVRP was just a ploy to test the authenticity of my disability and once that was proven, the so-called rehab was stopped.

I felt that I was almost required to take course that Federal counsellor suggested and I don't see finding employment after completing course. Course is very stressful. If my CPP is discontinued and haven't employment I won't be able to support my family. The program is great idea and I am excited about getting back to work but kinks need to be worked out.

Just, thank you!

This a very important program; without it I could not afford to go to school and get skills upgrade.

With the current unemployment rate, I am finding it difficult to find employers who want to hire a person changing jobs at age 60. I find that my disfigured hands do not give employer a positive attitude, regardless of employment equity or not.

CPPD should make available all resources possible to help person return to work.

Should be more written communications between NVRP counsellor and client.

Since re-training is such a costly and time-consuming process, the additional financial support provided by NVRP is very much appreciated and helps to reduce financial worries, allowing me to focus on the task of re-education.

Felt should have received financial assistance when I went to school.

This program would be more effective if it were managed on regional or provincial basis; and if it were funded to a level which would allow for some occupational training.

Can't understand why they wouldn't pay for my course, when they pay for others.

Program provides mental and emotional strength. No fear of losing secure financial support while trying to secure a job is source of inspiration and motivation.

Provide incentive/compensation to employer.

My consultant has been very good to me and kept in contact weekly.

Unless person is very motivated and willing to ask themselves, not much happens. I personally have been very active and therefore my contact people have been excellent and helped motivate me.

NVRP should be more attentive.

NVRP should provide listing of companies known to hire disabled to individuals so they could make their own inquiries for employment on a regular basis. Could also provide/arrange financial assistance to start self-employment concepts with physical training included.

I wish I was contacted with complete information of the services available.

I believe it is a great program for which it helps individuals who wish to try and get back into workforce.

When you people stopped the program you couldn't have hurt me more than if you were my boyfriend who beat me because you stopped the only other thing that was positive in my life. Since then I have been in contact with you twice and have received no satisfaction.

Benefits should not be taxed.

Need more financial help; cannot live off $1100/month for food, rent and electricity.

Excellent program; helps to focus on getting better, therefore, returning to work sooner.

Should be recommended within one year of injury; also advertise program more.

Not all the way through program, but the services I have received from my consultant have been exceptional.

More personal contact with worker to stay on stream.

Program totally unsupportive; company willing to offer employment but rehab recommended they not hire me because they felt I was not physically able to do job; frustrated by constant delays in getting word/approval from Ottawa; finally too fed up to care anymore.

Need a good job and know I'm capable of working, hope they can help.

I just resumed work with a previous employer which proved unsuccessful.

Unable to participate due to inconsistencies of my disease.

I am re-applying for CPPD benefits because I am unable to work.

When I first received benefits, I had opportunity to work part-time/temporary "data key-punching" for Federal gov't referendum. It was for 2 weeks and CPP cut me off completely. I had to re-apply and pay for second medical assessment. Made me very paranoid how easy benefits can be lost, all because I wanted some self-esteem.

Thank you to woman who cared and came to my home & phoned and sought light job I could do to help my self-esteem.

CPP should encourage even part time involvement.

Found NVRP very helpful, they did everything they could and closed my file.

Was refused financial help for retraining courses.

Support program, but wonder if it would help me overcome loss of vision and return to competitive workforce. Vision essential in previous job, but re-training would take several years and would be no assurance of employment. Returning to work would result in loss of health benefits that I now receive.

NVRP was not explained properly how it worked, no support, it sucked.

NVRP gave me opportunity and encouragement to succeed in my schooling and if it were not for my condition worsening I am confident I would have succeeded. For this opportunity I will always be grateful.

Because of my disability I am unable to work in field originally trained. I requested re-training but was told I was ineligible due to level of education.

The VRS I was in was a complete waste of time.

Problem with this program is that rehab has been right up to my own efforts with no assistance and I have been discriminated against. Training has been okayed but no assistance has been given. Its been all my efforts and finances.

My fear is that if I found a summer job I would be told that I was employed again and don't need CPPD.

Training that will give me and my family a lifestyle better than a paupers.

Taking university courses through VRS. Worried about the 3 month cutoff after school whether or not will be able to work full time.

Got permission to try and work but after 1 month went back to hospital.

Good job -- from heaven!

My experience with vocational counselling was very positive. As my health improves I am looking forward to RTW and vocational assistance.

If I wasn't so ill I would love to attempt to go back to school. Only need 4 courses & internship to become psychologist. Thanks for all your help. Can we discuss this?

Begged and pleaded to be re-trained to no avail; my evaluation said can return to work but must be re-trained due to my back condition.

Program falls short regarding the training you currently offer only allows us to join the workforce for minimum wages. Why work for less than we receive now.

Told by NVRP because I was over 50 and injury was permanent I didn't qualify.

It seemed that applying for the program was a yes or no acceptability position.

On October, 1995, my consultant advised they were closing my files based on information from Doctor and UIC. Health restrictions were not going to gain me employment.

Was contacted by NVRP and was willing to participate in program but evaluation by CPP determined I was unable to return to work.

Keep up good work, to help people better their situation through education and training.

After initial assessment, seemed to be on my own. The lack of involvement on the part of the worker would not have encouraged a less motivated client. I assume CPPD paid top dollar for the rehab and counselling services but in my case you did not get monies worth.

The program, service and follow up support is outstanding. This is a great program which has brought back to semi "normal" life and much needed self-esteem and independence.

They were there when I need them, unfortunately I was unable to complete due to my health.

Allowing me to work part-time and retain my benefits when my condition allows me is useful, so that if my disability is cured I will not be totally cut-off from the workplace.

Consulting firm did great job but when consultant tried to sign me up for NVRP she was told she was being terminated from my case and that I did not require any training to get me back to workforce. Why hire private consultant and then not follow their advice. Waste of government funds and effort by myself and consultant.

Private company did not guide me into the right courses. Courses were too easy. Since job training hospitalized with c.v.a. caused by stress but completed program. On last day of program my case worker called me to say if I did not get a job she would lose hers.

Allow CPPD recipients to attend training programs at own expense, but stay in receipt of benefits.

Presently totally disabled and my condition has not improved in past year.

I had no idea I could re-train for employment and not close my CPPD. How does a person find out the rules and regulations which apply when receiving CPPD?

Would like to be interviewed to see if any programs suitable; I have trouble handling stress.

Should help people who have to spend $500./month on prescriptions.

Circulate more info to CPPD recipients periodically, since I've been attempting occasional work I haven't seen anything on this program.

CPPD should provide home care, wheelchair repairs, special shoes for walking.

Any viable rehab must be done in close coordination with the available job in the employment sector.

It would have been nice to be accepted into Federal program rather than passed on to Ontario program.

Could you send me information on program so I can get back to normal, employed and independent life.

I find it hard to try out for jobs when I might lose my CPP and then a few months down the road not be able to re-apply.

Sounds like good program; problem with being disabled, not able to earn a living.

I tried to get CPPD for 9 years and when I finally got it I had to repay private insurance back money they had paid me for 16 months.

TABLE OF CONTENTS

Appendix E - Bibliography

Andrews, Emily S., *Expanding the Employment of Persons With Disabilities:* Opportunities and Constraints, Washington, Mathematica Policy Research Inc., December 1995.

Butler, Richard J., Johnson, William G. and Baldwin, Marjorie L., *Managing Work Disability: Why First Return to Work Is Not a Measure of Success*, Industrial and Labour Relations Review, Vol.48, No.3, April 1995.

Daly, Mary C., *Characteristics of SSI and SSDI Recipients in the Years Prior to Receiving Benefits: Evidence from the Panel Study of Income Dynamics*, Center for Policy Research, Syracuse University, July 1995.

Decker, Paul T. and Thornton, Craig V., *The Long-Term Effects of Transitional Employment Services*, Social Security Bulletin, Vol. 58, No. 4, Winter 1995.

Disability Advisory Services, *Business Plan 1992/93-1995-96*, Draft, National Vocational Rehabilitation Project, by K.J. O'Brien.

Dykacz, Janice M. and Hennessey, John C., *Postrecovery Experience of Disabled- Worker Beneficiaries*, Social Security Bulletin, Vol.52, No.9, September, 1989.

Hennessey, John C. and Dykacz, Janice M., *Projected Outcomes and the Length of Time in the Disability Insurance Program*, Social Security Bulletin, Vol.52, No.9, September, 1989.

Hennessey, John C. and Dykacz, Janice M., *A Comparison of the Recovery Termination Rates of Disabled-Worker Beneficiaries Entitled in 1972 and 1985*, Social Security Bulletin, Vol.56, No.2, Summer, 1993.

Hennessey, John C. and Muller, L. Scott, *The Effects of Vocational Rehabilitation and Work Incentives on Helping the Disabled-Worker Beneficiary Back to Work*, Social Security Bulletin, Vo.58, No.1, Spring, 1995.

Hennessey, John C., Muller, L. Scott, *Work Efforts of Disabled-Worker Beneficiaries: Preliminary Findings From the New Beneficiary Followup Survey*, Social Security Bulletin, Vol.57, no.3, Fall 1994.

HRDC, *Report of the Committee on Disability Issues*, Canada Pension Plan Advisory Board, December, 1994.

HRDC, *Disability Incidence Study*, 1995.

Muller, L. Scott, and Weeler, Peter M., *Disability Program Growth: Results from Social Security's Survey of Field Managers*, Office of Research and Statistics, Social Security Administration, June, 1995, 31p.

Muller, L. Scott, *Disability Beneficiaries Who Work and Their Experience Under Program Work Incentives*, Social Security Bulletin, Vol.57, No.2, Summer 1992.

Muller, L. Scott, Scott, Charles G. and Bye, Barry V., *Labor-Force Participation and Earnings of SSI Disability Recipients: A Polled Cross-Sectional Times Series Approach to the Behavior of Individuals*, Social Security Bulletin, Vol.59, No.1, Spring, 1996.

NVRP, *The Canada Pension Plan National Vocational Rehabilitation Project*, Rehabilitation Digest, September, 1993.

NVRP, *Case Management in the Canada Pension Plan National Vocational Rehabilitation Project*, Rehabilitation Digest, March, 1994.

NVRP, *Health Professionals Assist Patients With CPP Disability Reassessments*, Rehabilitation Digest, October, 1994.

NVRP, *Success Stories From the Canada Pension Plan's National Vocational Rehabilitation Project*, Rehabilitation Digest, October, 1995.

Office of the Superintendent of Financial Institutions, *CPP Fifteenth Actuarial Report*, as of December 31, 1993.

Rupp, Kalman and Scott, Charles G., *Determinants of Duration on the Disability Rolls and Program Trends*, Social Security Administration, Washington, July, 1995.

Rupp, Kalman, Bell, Stephen H. and McManus, Leo A., *Design of the Project NetWork Return-to-Work Experiment for Persons With Disabilities*, Social Security Bulletin, Vol.57, No.2, Summer, 1994.

SPR Associates Inc., *CPPD Evaluation Report*, March 1996.

SPR Associates Inc., *Overview of Stakeholder Interviews*, Working Report for the CPPD Evaluation, March 1996.

SPR Associates Inc., *An Examination of the 1995 Statistics Canada Survey of Beneficiaries*, Working Report for the CPPD Evaluation, March 1996.

SPR Associates Inc., *Experience of the QPP Disability Program, A Comparison Case for the CPP Disability Program*, Working Report for the CPPD Evaluation, March 1996.

SSA, *Report on Rising Cost of Social Security Disability Insurance Benefits*, Social Security Administration, February, 1996.

Stapleton, David C. and Dietrich, Kimberly A., *Long-Term Trends and Cycles in Applications and Awards for SSA's Disability Programs: Preliminary Findings*, Lewin-VHI, Washington, July, 1995, 47p.

Stapleton, David C. and Livermore, Gina A., *Impairment Trends in Applications and Awards for SSA's Disability Programs*, Lewin-VHI Inc., Washington, July, 1995.

Stapleton, David C., Coleman, Kevin A. and Dietrich, Kimberly, *Demographic and Economic Determinants of Recent Application and Award Growth for SSA's Disability Programs*, Lewin-VHI Inc., July 1995.

Stapleton, David C., Livermore, Gina A. and Zeuschner, Andrea, *Lessons From Case Studies of Recent Program Growth in Five States*, Lewin-VHI Inc., Washington, July, 1995.

Stapleton, David et al., *An Exploration Study of Barriers and Incentives to Improving Labor Force Participation Among Persons With Significant Disabilities*, Department of Health and Human Services, June, 1995.

Wallace, Gordon C.M., et al., *A Study to Determine the Rehabilitative Potential of Recipients of Canada Pension Plan Benefit: The Vocational Ability Quotient System*, Vocational Consulting Group, July, 1989.

Zeitzer, Ilene, *Quality, Effectiveness and Efficiency of Rehabilitation Measures*, International Social Security Association, 25th General Assembly, Nusa Dua, 13-19 November, 1995.

TABLE OF CONTENTS

Appendix F - Acronyms and Definitions

Bill C-57: Bill C-57 is an amendment to the CPP legislation enacted in 1992 which protected the eligibility of CPPD claimants who delayed their application for benefits (generally because they were unaware of the existence of the program at the onset of their disability) and would otherwise no longer meet the minimum contributory requirements at the time of their application. Under the new rules, claimants who qualified under the minimum contributory requirements of the program at the onset of their disability are eligible for CPPD benefits, even if they no longer meet those contributory requirements at the time of their application. Retroactive payments are limited to a period of twelve months prior to the application for benefits.

CPPD: Canada Pension Plan Disability program.

DI: The Disability Insurance (DI) program is the American equivalent to the Canada Pension Plan Disability (CPPD) program.

DOD Initials: Administrative unit of the Disability Operations Division which is responsible for the initial adjudication of CPPD claims.

DOD Reassessment: Administrative unit of the Disability Operations Division which is responsible for monitoring the ongoing eligibility of current CPPD beneficiaries.

DOD Appeals: Administrative unit of the Disability Operations Division which reviews all appeals from rejected disability claimants or CPPD beneficiaries whose benefits were terminated following reassessment of eligibility.

LTDI: Long-term disability insurance. Usually refers to private insurance carriers.

NVRP: National Vocational Rehabilitation Project.

PDI: Public Disability Insurance.

SSA: The Social Security Administration is the agency responsible for the administration of the Disability Insurance (DI) program in the United States.

TABLE OF CONTENTS

Footnotes

1 *CPPD Evaluation*, SPR Associates Inc., March, 1996.

2 *Overview of Stakeholder Interviews*, Working Report for the CPPD Evaluation, SPR Associates Inc., March 1996.

3 CPP Advisory Board (1994), p.14. Over the same period, the annual rate of death was about 5 percent, while about 8 percent of CPPD benefits were converted into retirement pensions.

4 See: Part V, CPP Regulations, Section 69(2).

5 For example, an earlier pilot project was attempted in the 1970's (see: CPP National Vocational Rehabilitation Project, *Business Plan*, June 1, 1992, p.1).

6 See: *Disability Incidence Study*, HRD Canada, 1995. This study provides an extremely useful view of key issues in the history and operations of CPPD.

7 *CPPD Evaluation Report,* SPR Associates Inc., March 1996.

8 Funding for the NVRP was subsequently extended for the fiscal year, 1996-97.

9 Computed as the percentage of those with valid addresses. Some people originally sampled were found to be deceased or not to have a current address in CPP's system.

10 See: *An Examination of the 1995 Statistics Canada Survey of Beneficiaries*, a working paper for the CPP Disability Program Evaluation, March, 1996, SPR Associates Inc.

11 In general, files reviewed represented a large portion of clients in each of the different project completion status groups. More specifically, the review included 76% of files which resulted in a termination of benefits; 84% of clients who are still enrolled in the project; 87% of files closed before completion of the rehabilitation plan and 91% of the initial pilot project files.

12 For a list of evaluation issues, please refer to Appendix A of this report.

13 Premiums for private insurers are determined in relation to "risk groups", i.e. that clients who are subject to broadly similar risks of disability are grouped together for the purpose of calculating premiums.

14 CPP, Paragraph 42(2)(a). For administrative purposes, "long continued" was defined as being likely to last at least one year (hereafter the "one year test").

15 For more information, please see: *Experience of the QPP Disability Program, A Comparison Case for the CPP Disability Program*, A Working Report for the CPP Disability Evaluation, SPR Associates Inc., March, 1996.

16 Adapted from various departmental documents such as: *Draft Phase I Report*, National Strategy for the Integration of People with Disabilities.

17 CPP National Vocational Rehabilitation Project, *Business Plan*, June 1, 1992, p.1

18 *Proposal for a Canada Pension Plan Vocational Rehabilitation Pilot Project*, prepared by Valerie Graham, Vocational Rehabilitation Advisor, Disability Operations Division, April 9, 1990.

19 In addition to these 27 clients, 5 clients had their benefits terminated and appealed the decision.

20 Limitations in computing the "real" costs and savings of the program will be discussed below. These figures are provided as estimates only.

21 From: *Presentation of the Canada Pension Plan National Vocational Rehabilitation Project*, Programs Direction, Canada Pension Plan, Income Security Programs Branch, Human Resources Development Canada, p.1.

22 For definitions, see Appendix F.

23 For definitions, see Appendix F.

24 Defined as: (i) literacy in English, French, or another language providing that there is a nearby ethnic community providing employment opportunities in that language; (ii) cognitive ability to learn new materials. See: CPP Rehabilitation Project, Definitions, p.5.

25 Comparable data combining both the disability and the dependent child benefit portions were not available for the overall population of beneficiaries.

26 See: *CPP Fifteenth Actuarial Report, As of December 31, 1993*, Office of the Superintendent of Financial Institutions, 1995.

27 Rupp, Bell and McManus (1994), quoting a 1989 report of the General Accounting Office.

28 A total of 623 referrals were made as part of the NVRP.

29 Wallace & Carlin (1989).

30 *Draft Phase I Report*, National Strategy for the Integration of People with Disabilities, p.69.

31 See: *An Examination of the 1995 Statistics Canada Survey of Beneficiaries*, a working paper for the CPP Disability Program Evaluation, March 18, 1996, SPR Associates Inc.

32 See: *Experience of the QPP Disability Program, A Comparison Case for the CPP Disability Program*, A Working Report for the CPP Disability Evaluation, SPR Associates Inc., March, 1996. Technical Appendix A.

33 For example, Supported Employment programs in the United States have proved to be very effective to return to work individuals with severe mental disabilities. See Zeitzer (1995).

34 Part V, CPP Regulations, Section 69(2).

35 Auditor General (1987).

36 See: *Overview of Stakeholder Interviews*, Working Report for the CPPD Evaluation, SPR Associates, March, 1996.

37 From the file review component of this evaluation.

38 Disability Advisory Services, CPP Rehabilitation Project, Definitions, p.5.

39 This point is corroborated by administrative data from other sources, which indicate that even at the Rehabilitation Unit level, a large proportion of CPPD beneficiaries are not selected for vocational rehabilitation because of medical instability. Moreover, another review showed that about half of CPPD beneficiaries aged 50-59 were not medically stable at the time of adjudication. See: *CPP Vocational Rehabilitation Pilot for Older Canadian*, CPPD, 1995.

40 From interviews with case managers.

41 That pool was over 19,000 cases referred over a time period, suggesting that a potentially large pool of candidates exists for expanded rehabilitation efforts.

42 While it is possible that these results are influenced by cohort effects (i.e. the fact that different cohorts of beneficiaries have different characteristics) rather than the length of stay on CPPD, a regression analysis controlling for age, education and sex still revealed a persisting correlation between residual capacity to work and shorter length of time on CPPD.

43 Respondents reporting being unable to work, although they sometimes indicated that they were currently employed.

44 *Canadian Classification and Dictionary of Occupational Titles*, quoted from: Disability Advisory Services, CPP Rehabilitation Project, Definitions, p.5

45 Note that these results cannot necessarily be transposed to predict successful rehabilitation among the overall population of CPPD beneficiaries, because of selection bias related to the project's screening process. As discussed above, NVRP clients are significantly different from the overall population of CPPD beneficiaries in several ways.

46 For definitions, see Appendix F.

47 Muller (1992).

48 The American system does not have a flat-rate component built into its disability insurance benefit structure, thus providing lower benefits to beneficiaries with low pre-disability income.

49 See Hennessey and Muller (1995). To a large extent, the same observations could apply to current vocational rehabilitation measures under the CPPD.

50 A major research project in the United States is currently nearing completion and will review the effectiveness of four different models of case management for vocational rehabilitation purposes.

51 Excluding cases in progress or in appeal.

52 See: Rupp, Bell and McManus (1994).

53 Percentages show the proportion of respondents who indicated 4 or 5 on a five-step rating scale.

54 Hennessey and Muller (1995).

55 Private insurers generally offset CPPD benefits by reducing their own payments by an equal amount.

56 These statistics do not include the 1990 pilot rehabilitation project.

57 While the program was announced in 1991, the unit became fully operational as of April 1993. Financial reports were only available for the three fiscal years between April 1993 and March 1996.

58 Rehabilitation costs include professional fees for rehabilitation consultants and the costs of rehabilitation services provided to clients.

59 These statistics are as of March 31, 1996, and do not include 1996-97 fiscal year updates.

60 Of these 231 cases, 10 were closed before any expenditures were incurred.

61 Average project costs per client whose benefits were terminated, including costs incurred for unsuccessful candidates and administration.

62 Zeitzer (1995), p.58. Average rehabilitation costs reimbursed to state VR agencies for successfully rehabilitated beneficiaries.

63 Rupp, Bell and McManus (1994), quoting a 1989 report of the General Accounting Office.

64 Butler, Johnson and Baldwin (1995).

65 Currently annual earnings of about $9,000.

66 Hennessey and Muller (1995).

67 As well, some evidence suggests that a greatly expanded rehabilitation program could be developed without the need for a mandatory aspect to the program relying on positive incentives to create suitable flow of candidates for rehabilitation. In addition, enforcing CPP regulations in an equitable manner could have significant resource implications for CPPD, as it would require establishing objective and extensive mechanisms for determining what categories of beneficiaries would be required to participate in rehabilitation measures. Selection criteria could raise considerable criticism if they were seen as stigmatizing certain types of beneficiaries.

68 The Department of Justice provides an example of a "mixed" delivery system relying on the expertise of in-house legal counsel augmented (on an as needed basis) by outside legal agents who provide services in areas where the use of the private sector is seen as more cost-effective.

69 Zeitzer (1995).

70 Timely delivery of a start-up allowance was identified as a factor in success for mothers on family allowance who returned to work under the Ontario Work Incentives Program. See: *An Evaluation of the Ontario Work Incentives Program*, SPR Associates, 1982.

71 See: Rupp, Bell and McManus (1994).

72 It should be noted that no evidence existed that these clients required more services than they received. Generally, client satisfaction was not correlated with the costs of rehabilitation.